

<b>Case Number:</b>	CM14-0078709		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	06/08/1999
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 63-year-old female with a 6/8/99 date of injury. At the time (5/7/14) of request for authorization for Tens unit purchase and supplies-GSMHD combo tens unit with HAN and supplies for pain management with electrodes 8 pairs per month and batteries 6 units per month, there is documentation of subjective (chronic moderate to severe upper back, lower back, neck and left shoulder pain with numbness) and objective (no pertinent findings) findings, current diagnoses (cervical radiculopathy, shoulder joint pain, neck pain, cervical spinal stenosis, migraine, headache, and facet arthropathy), and treatment to date (completion of successful trial of TENS unit and medications). In addition, medical report identifies the patient utilized the TENS unit daily for up to 15 hours per day with increase in functionality, decrease in medication intake, and 50% decrease in pain.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Tens unit purchase and supplies-GSMHD combo tens unit with HAN and supplies for pain management with electrodes 8 pairs per month and batteries 6 units per month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria use of Tens.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS), page(s) 113-117; Neuromuscular Electrical

Stimulation, page(s) 121 Page(s): 113-117, 121. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:([http://goldenstatemedical.net/pdfs/GSM\\_HD\\_Combo\\_Flyer1.pdf](http://goldenstatemedical.net/pdfs/GSM_HD_Combo_Flyer1.pdf)).

**Decision rationale:** An online search identifies GSMHD combo as a combination of transcutaneous electrical nerve stimulation (TENS) and neuromuscular electrical stimulation (NMS). Regarding TENS, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Regarding NMS, MTUS Chronic Pain Medical Treatment Guidelines states that neuromuscular electrical stimulation (NMES) is not recommended. In addition, MTUS Chronic Pain Medical Treatment Guidelines states that NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, shoulder joint pain, neck pain, cervical spinal stenosis, migraine, headache, and facet arthropathy. In addition, there is documentation of completion of a successful trial with a TENS unit. Furthermore, given documentation that the patient utilized the TENS unit daily for up to 15 hours per day with increase in functionality, decrease in medication intake, and 50% decrease in pain, there is documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use). However, the requested Lumbar GSM HC Combo with HAN TENS Unit, count one contains at least one component (EMS, NMES) component which is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Tens unit purchase and supplies-GSMHD combo tens unit with HAN and supplies for pain management with electrodes 8 pairs per month and batteries 6 units per is not medically necessary and appropriate.