

<b>Case Number:</b>	CM14-0095870		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	08/22/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Physical Medicine and Rehabilitation 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:

The patient is a 50 year old female who was injured on 08/22/2011. The mechanism of injury is unknown. Prior medication history included hydrocodone, lidocaine patches, Topiramate, and Rizatriptan. Prior treatment history has included physical therapy. Progress report dated 03/25/2014 states the patient presented with complaints of severe migraines. She also reported constant neck pain with left shoulder aches that radiates to her thumb. She rated her pain as 3-4/10. The pain is aggravated with prolonged activity. Objective findings on exam revealed no tenderness noted on cervical exam. Range of motion is full but with pain with extension of the cervical spine. Crepitus is absent with extension. Motor exam is 5/5 in upper extremities. Her sensation is intact bilaterally. Deep tendon reflexes are 2+ bilaterally. Neuro exam is 5/5 bilateral. Straight leg raise is above 50 degrees and Lasegue is positive on the right. She is diagnosed with Cervicalgia and lumbago. The patient is recommended for a TENS home unit as it is felt it would be beneficial for the patient's flare-ups that radiates to her head. Prior utilization review dated 05/23/2014 states the request for Purchase of TENS Unit with electrodes, batteries, set up and delivery for the back is modified to certify 1 month trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of TENS (Transcutaneous Electric Nerve Stimulation) Unit with electrodes, batteries, set up and delivery for the back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation Page(s): 116, 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 154.

**Decision rationale:** According to the CA MTUS guidelines, TENS (Transcutaneous Electric Nerve Stimulation) for chronic pain, is recommended as a one-month home-based TENS (Transcutaneous Electric Nerve Stimulation) trial which may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions such as: Neuropathic pain, Phantom limb pain, Spasticity, and Multiple sclerosis. Criteria for chronic intractable pain (for the conditions noted above): - Documentation of pain of at least three months duration- There is evidence that other appropriate pain modalities have been tried (including medication) and failed.- One-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial - Other ongoing pain treatment should also be documented during the trial period including medication usage - A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted - A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this case, the medical records do not document a reason for the requested TENS unit. There is no documented neuropathic pain diagnosis to establish the need for the TENS unit. There is no report on the trial period. Based on the CA MTUS guidelines and criteria as well as the clinical documentation stated above, therefore the request of purchase of TENS (Transcutaneous Electric Nerve Stimulation) Unit with electrodes, batteries, set up and delivery for the back is not medically necessary and appropriate.