

<b>Case Number:</b>	CM13-0027512		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	05/29/2007
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 & 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 underlying date of injury in this case is 05/29/2007. The underlying date of injury is 09/16/2013. The patient's diagnoses include reflex sympathetic dystrophy and a brachial plexus injury. On 07/11/2013, the patient was seen in primary treating physician follow-up. The treating physician reviewed this patient's history of right upper extremity reflex sympathetic dystrophy due to an industrial electrocution accident. The patient was noted to be barely able to tolerate his pain without medications. Approval had been obtained for psychological clearance regarding a spinal cord stimulator trial and implantation. Previously on 08/16/2012, a primary treating physician note notes the patient was seen regarding a brachial plexopathy and complex regional pain syndrome. The patient was felt to be very depressed due to pain and disability. The treatment plan included a trial of TENS as well as a spinal cord stimulator trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PURCHASE OF TENS UNIT, ELECTRODES, AND BATTERIES (DISPENSED 10/11/12): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 116.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on transcutaneous electrical nerve stimulation, page 114, states that TENS may be considered after a one-month home trial as part of an overall program of evidence-based functional restoration. The medical records did not discuss the results of such a TENS trial. Additionally, the records indicate that this patient was being simultaneously considered for both a TENS as well as a spinal cord stimulator implantation. The guidelines would not generally support an indication for both of these treatments simultaneously. Overall, particularly given the lack of documentation of results of a TENS trial, this request is not supported by the treatment guidelines. This request is not medically necessary.