

<b>Case Number:</b>	CM14-0187453		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	09/20/2011
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Occupational Medicine, 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:

Injured worker is a female with date of injury 9/20/2011. Per orthopedic surgery primary treating physician's progress report dated 10/1/2014, the injured worker complains of back pain. She continues to do reasonably well as far as her neck and lower back are concerned. She continues to work full duty. She manages her problem with chiropractic treatment and acupuncture. She is not having any radicular complaints in either the upper or the lower extremities. On examination, the cervical spine has tenderness of the paracervicals, the supraclavicular fossa and the trapezius. Overall, tenderness is much less. Motor exam is normal. Neurological exam is notable for decreased sensation of the right radial forearm, thumb and index finger, corresponding to the right C6 dermatome. Lumbar spine has mild tenderness with lumbosacral diffuse pain. Range of motion of the lumbar spine is painful with flexion 50 degrees and extension 15 degrees. Diagnoses include 1) shoulder joint pain 2) knee pain 3) degeneration of cervical intervertebral disc 4) backache 5) disorder of bursa of shoulder region 6) chondromalacia 7) sprain of ligament of lumbosacral joint 8) neck sprain 9) degeneration of intervertebral disc.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit rental x1 month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS)/ chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Transcutaneous Electrotherapy Page(s): 114-116.

**Decision rationale:** The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a 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, and a treatment plan including specific short and long term goals of treatment. The injured worker does not meet the medical conditions that are listed by the MTUS Guidelines where a TENS unit may be beneficial. The injured worker also reports that other conservative treatments are helpful, and she has been able to remain at work. The criteria for the use of TENS specified by the guidelines are not supported by the clinical reports. These criteria also specify that there is to be a treatment plan including specific short and long term goals of treatment with the TENS unit, which have not been provided. It is also not clear that the injured worker is suffering from neuropathic pain as she has diffuse mild to moderate tenderness of her back with no radicular complaints. Therefore the request is not medically necessary.