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| <b>Case Number:</b>   | CM14-0188162 |                              |            |
| <b>Date Assigned:</b> | 11/18/2014   | <b>Date of Injury:</b>       | 06/13/2014 |
| <b>Decision Date:</b> | 01/06/2015   | <b>UR Denial Date:</b>       | 11/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/11/2014 |

### 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 Internal 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:

The injured worker is a 44-year-old female with a date of injury of June 13, 2014. The mechanism of injury occurred as she stood up from her workstation and felt a sharp pain through her left shoulder and upper back. She was told that the incident was a result of a major muscle spasm from working as a customer service representative. The injured worker has a history of prior injury to her elbow as a result of cumulative trauma from another employer in 2011. She had surgery on the medial aspect of the left elbow, which appeared to have been ulnar nerve surgery. The injured worker has been diagnosed with straightening of the cervical lordosis suggesting muscle spasm and/or cervical strain; asymmetric uncinat and facet hypertrophy on the left at C5-C6 and C6-C7 contributes to asymmetric bony foraminal stenosis; and left paracentral C6-C7 annular tear with mild broad based disc bulge causing mild central stenosis. Treatments to date have included medications and physical therapy. Pursuant to the clinical note dated October 17, 2014, the injured worker complains of neck and left upper extremity pain. Her states that her pain is 10+/10 on the VAS scale. Her pain isolated in the left upper back with radiation of pain into her left upper extremity and neck. She also complains of numbness and tingling in her left upper extremity that extends to the 3rd-5th digits. She experiences intermittent spasms in her upper back. She notes that heat, stretching, and walking provides some pain relief, while prolonged sitting aggravated the pain. Objective findings revealed normal gait and station. Current medications include Nabumetone-Relafen 500mg, Pantoprazole-Protonix 20mg, and Gabapentin. The provider is requesting TENS unit to help decreased spasms and pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: TENS Unit (GSMD Combo) purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Transcutaneous Electrical Nerve Stimulation (TENS)

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit (GSMD combo) purchase is not medically necessary. TENS unit is not recommended as a primary treatment modality, part one month home-based tens trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The ODG enumerate the criteria for TENS. They include, but are not limited to documentation of pain of at least three months duration; other appropriate pain modalities have been tried and failed; a one month trial. Should be documented within a functional restoration approach with documentation of how often the unit was used as well as the outcome in terms of pain relief and function; and specific short and long-term goals of treatment with the tens unit should be submitted. See guidelines for additional details. In this case, the injured worker has continued neck and upper extremity pain, left greater than right, and radicular symptoms into the upper extremities. Treatment modalities to date include physical therapy, aqua therapy and medication use. She takes gabapentin, Relafen and Protonix. The guideline criteria state of one month trial period of TENS should be documented prior to purchase. Additionally a specific short and long-term goal of treatment should be submitted. Consequently, TENS for purchase is not clinically indicated. Based on the clinical information medical records and the peer-reviewed evidence-based guidelines, TENS unit (GSMD combo) purchase is not medically necessary.