

<b>Case Number:</b>	CM14-0196614		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	12/01/2004
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Family Practice 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:

This is a 49-year old male patient who sustained a work related injury on 12/1/04. Patient sustained the injury due to motor vehicle accident and cumulative trauma. The current diagnoses include brachial neuritis/radiculitis, right Shoulder, Right elbow, CTS, bilateral groin pain and bilateral leg pain. Per the doctor's note dated 10/7/14, patient has complaints of neck, right arm and shoulder pain with numbness up to the elbow, headaches, muscle spasm, thigh pain with numbness in left leg radiating to the big toe and knee. Physical examination revealed 5/5 strength, tenderness on palpation and negative all special tests, limited range of motion. The medication lists include Soma, Lunesta, Zanaflex, Colace, Ultram ER, Nexium 20 mg, Lyrica 75 mg, Flectorpatches 1.3% patch. The patient has had electromyogram (EMG) that showed bilateral C6-7 radiculopathy and CT scan that showed a protrusion at L1-2. The patient had 2 carpal tunnel and 2 shoulder surgeries, and a back surgery. The patient has received an unspecified number of the PT visits for this injury. The patient has used a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Electrodes pair DOS: 10/3/14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

**Decision rationale:** According the cited guidelines, electrical stimulation (TENS), is not recommended as a primary treatment modality, but a 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, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). According the cited guidelines, Criteria for the use of TENS, There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. Any evidence of neuropathic pain, CRPS I and CRPS II was not specified in the records provided. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. In addition a treatment plan including the specific short- and long-term goals of treatment with the TENS unit was not specified in the records provided. The records provided did not specify any recent physical therapy with active PT modalities or a plan to use TENS as an adjunct to a program of evidence-based functional restoration. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse was not specified in the records provided. The medical necessity of the TENS unit is not fully established and therefore the need for the TENS unit supplies are also not established. The Retrospective Electrodes pair DOS: 10/3/14 is not medically necessary.