

<b>Case Number:</b>	CM14-0202155		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	11/19/2009
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### **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 Emergency 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 60 year old female with a date of injury as 11/19/2009. The current diagnoses include cervicgia, cervical disc degeneration, cervical radiculitis, and degenerative joint ankle and foot. Previous treatments include oral medications, transdermal medications, TENS therapy, and physical therapy. Multiple physician reports were included in the documentation submitted for review. Report dated 11/18/2014 noted that the injured worker presented with complaints that included right sided hand pain, and now left hand is starting to be affected, right hand limited grip ability, cannot close hand completely, numbness tingling, burning cramping in the hands and arms. Physical examination revealed reduced grip strength on the right, light touch slightly reduced on right hand, cervical range of motion is reduced, marked spasm and tension in the posterior para spinous muscles, and right ankle demonstrated increased ligament laxity despite wearing an elastic wrap. None of the documentation submitted for review provided an evaluation of the use of the TENS unit or the length of time that the injured worker has been using the machine or how it has helped to improve function. The injured worker is not working. The utilization review performed on 12/01/2014 non-certified a prescription for TENS pads and batteries, quantity unspecified based on no documentation was submitted of outcomes of pain relief and function, medication usage and a treatment plan including the specific short and long term goals of treatment. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Transcutaneous electrical nerve stimulation (TENS) pad and batteries, quantity unspecified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

**Decision rationale:** As per MTUS Chronic pain guidelines, TENS may be recommended only if it meets criteria. Evidence for its efficacy is poor. TENS is recommended if use adjunctively with functional restoration program, but in this case, there is no documentation of such a program. There is no documented short and long term goal for the TENS. There is no documentation of any objective pain improvement or function with current use of TENS. Injured worker has reported subjective improvement only and current documentation does not support a successful 1 month trial of TENS much less continued use. Injured worker does not meet criteria to recommend TENS therefore any supplies related to it is also not recommended. TENS and related supplies are not medically necessary.