

<b>Case Number:</b>	CM14-0092147		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/13/2008
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Iowa. 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 patient is a 42 year-old female with a date of injury of 7/13/2009. A review of the medical documentation indicates that the patient is undergoing treatment for bilateral upper extremity pain. Subjective complaints (6/9/2014 and 6/13/2014) include no acute changes in pain or status. Objective findings (6/9/2014 and 6/13/2014) include mild tenderness to palpation over bilateral wrists, medial epicondyles, posterior neck, and thoracic paraspinal muscles; also decreased wrist range of motion. Diagnoses include carpal tunnel syndrome (s/p bilateral release), left cubital tunnel syndrome, neck pain, cervicobrachial syndrome, bilateral lateral epicondylitis, trigger finger, and psychogenic pain. Detailed imaging studies were not available for review. The patient has previously undergone conservative therapy, injections, medication therapy, and acupuncture. A utilization review dated 5/19/2014 did not certify the request for electrical stimulator (TENS unit).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electrical stimulator supplies, 2 lead, per month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116,48.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, TENS chronic pain (transcutaneous electrical nerve stimulation)

**Decision rationale:** According to MTUS, electrical stimulators (TENS units) are not recommended as a primary treatment modality, and a one-month home-based trial may be considered as a noninvasive conservative option. It should also be used as an adjunct to a functional restoration program. MTUS and ODG both primarily recommend TENS for neuropathic pain, phantom limb pain, CRPS, spasticity, and multiple sclerosis. ODG recommends TENS use for specific body parts, primarily for secondary options for low back, knee, or neck; but does not recommend use for elbow, forearm, or hand use. ODG also lists several criteria for use of TENS units, including documentation, timing, treatment plan, and trial period parameters. According to the medical documentation provided, the patient does not have any of the diagnoses recommended for use, and the body parts intended for use (wrist, forearm, and hand) are not recommended. The treating physician does provide sufficient detail regarding functional improvement with use of the device, including improved pain and swelling, the ability to work with less pain (resulting in full-time work), and the ability to exercise with less pain (resulting in intended weight loss). Despite this appropriate documentation, the initial indication consisting of diagnosis and body part to be treated, are not recommended per the evidence-based guidelines. Therefore, the request for electrical stimulator supplies (2-lead) is not medically necessary at this time.