

<b>Case Number:</b>	CM15-0000611		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	09/17/2012
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 58 year old female, who sustained an industrial injury on 9/17/2012. She has reported cumulative bilateral knee and bilateral wrist pain. The diagnoses have included bilateral wrist sprain and bilateral knee sprain. Initial x-rays were without acute findings. Symptoms persisted and treatment to date has included multiple radiographic imaging studies, electromyogram study, bilateral wrist splints, cortisone injections to wrists, bilateral carpal tunnel release, bilateral long trigger finger release, partial medial meniscectomy and chondroplasty, right knee arthroscopy, home Range of Motion (ROM) exercise, occupational therapy, physical therapy, transforaminal epidural steroid injection bilateral L5-S1 and epidurography bilaterally at L5-S1. Medications included a muscle relaxer, Ultracet, Relefen, Gabapentin, Lyrica, and Vicodin. Currently, the IW complains of chronic bilateral knee, low back and bilateral wrist pain. Cervical Magnetic Resonance Imaging (MRI) completed 4/16/15 was without acute findings. Magnetic Resonance Imaging (MRI) 2/13/14 revealed L5-S1 degeneration with disk bulge and foraminal narrowing, and disk bulge at L4-5. Current diagnoses included lumbalgia, lumbar radiculitis, and displace intervertebral disc, unspecified. Current treatment included Gabapentin changed to lyrica and initiation of physical therapy. She was recommended for the [REDACTED] Functional Restoration Program. On 12/18/2014 Utilization Review non-certified a Transcutaneous Electrical Nerve Stimulation (TENS) unit, noting the lack of documentation on how prior trials impacted pain or function. The ODG Guidelines were cited. On 1/2/2015, the injured worker submitted an application for IMR for

review of Transcutaneous Electrical Nerve Stimulation (TENS) unit for bilateral knee, lower back and wrists.

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

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

#### **DME: TENS Unit for Bilateral Knee, Lower Back and Wrists Purchase & Supplies:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Forearm, wrist and hand; Lower back and Knee sections; TENS unit

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit for purchase is not medically necessary. TENS for chronic pain 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 including reductions in medication. While TENS may reflect the long-standing accepted standard of care within medical communities, the results of studies are inconclusive. Published trials do not provide information on stimulation parameters, which are most likely to produce optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments have found evidence is lacking concerning effectiveness. The criteria for use of TENS are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, evidence that other pain modalities have been tried and failed; for one month trial period of TENS should be documented as an adjunct within a functional restoration approach with documentation of how often the unit was used and outcomes in terms of pain relief and function, rental is preferred over purchase during trial; other ongoing pain treatment should be documented including medication use; and a treatment plan specific short and long-term goals should be documented; etc. TENS units have no scientifically proven efficacy in the treatment of acute hand, wrist or forearm symptoms, but are commonly used in physical therapy. See the guidelines for additional details. In this case, the injured worker's working diagnosis is carpal tunnel syndrome, bilateral. Subjectively, there were no musculoskeletal complaints documented in the medical record. The injured worker has returned to work, his tearful and states her job causes anxiety. Objectively, muscle tone was normal and muscle strength is 5/5 in the bilateral upper and lower extremities area there is tenderness over the lateral epicondyle bilaterally. There is no weakness in the bilateral upper extremities but there is guarding. The injured worker would like to try a TENS unit. The documentation indicates the trial was requested. The documentation does not contain evidence of the TENS trial. Although indicated for lower back, TENS is not recommended for the forearm, wrist or hand. Consequently, absent clinical documentation without documentation of a TENS trial and guideline support, TENS unit for purchase is not medically necessary.