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|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0106255 |                              |            |
| <b>Date Assigned:</b> | 06/10/2015   | <b>Date of Injury:</b>       | 11/18/2013 |
| <b>Decision Date:</b> | 07/14/2015   | <b>UR Denial Date:</b>       | 05/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/02/2015 |

### 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

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 57 year old female, who sustained an industrial injury on 11/18/13. She has reported initial complaints of low back, right buttock, right thigh and neck pain with numbness and tingling in the bilateral extremity feet. The diagnoses have included chronic pain syndrome, lumbar sprain/strain, myofascial pain, cervical strain/sprain and adjustment disorder with mixed anxiety and depressed mood. Treatment to date has included medications, activity modifications, off work, diagnostics, ice therapy, physical therapy, psychiatric, transcutaneous electrical nerve stimulation (TENS) and home exercise program (HEP). Currently, as per the physician progress note dated 5/12/15, the injured worker complains of constant neck and back pain that radiates to the gluteus bilaterally with burning sensation and swelling in the bilateral lower extremities. There is also numbness, tingling and weakness in the bilateral feet. The neck and mid back pain is constant, sore and tight that radiates to the bilateral upper extremities with numbness, tingling and stabbing pain in the bilateral hands with stiffness in all fingers. There are also frequent headaches from back of head to forehead with dizziness. The physician progress note dated 4/22/15; the objective findings include decreased sensation in the right lower extremity (RLE), weakness in the bilateral lower extremities and she ambulates with cane on the right side occasionally. The diagnostic testing that was performed included electromyography (EMG) /nerve conduction velocity studies nerve conduction velocity studies (NCV) dated 5/6/15 of the bilateral lower extremities, Magnetic Resonance Imaging (MRI) of the lumbar spine dated 5/14/15 reveals neuroforaminal stenosis and anterolisthesis. The current medications included Cyclobenzaprine and Gabapentin. There was previous therapy sessions noted in the records. The physician requested treatments included Retro Transcutaneous electrical nerve stimulation (TENS) patch x 2 pairs, DOS: 5/12/15 and Transcutaneous electrical nerve stimulation (TENS) patch x 2 pairs.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro TENS patch x 2 pairs, DOS: 5/12/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173-174, 181-183, 300, 308- 310, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page 114-121. Electrical stimulators (E-stim) Page 45. Functional restoration programs (FRPs) Page 49.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) indicates that physical modalities such as diathermy, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308) indicates that TENS is not recommended. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints, Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that TENS is not recommended. ACOEM Chapter 8 (Page 173-174) states that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat / cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. The medical records document a history of cervical, thoracic, lumbosacral sprain/strain, and lumbar radiculopathy. The progress report dated 04/22/15 indicates that the patient continues to have tingling and numbness in the lower extremities with throbbing pain radiating towards the right groin. The patient has shooting pain in the low back, left lower extremity, and left heel. Pain radiates to the gluteal region. The patient also has constant soreness and tightness of the cervical spine which radiates to the upper extremities with numbness, tingling and stabbing pain in the hands with stiffness of the fingers. ACOEM Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) indicates that TENS is not recommended. ACOEM Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308) indicates that TENS is not recommended. Therefore, the request for TENS is not supported by ACOEM or MTUS guidelines. Therefore, the request for TENS patch is not medically necessary.

**TENS patch x 2 pairs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173-174, 181-183, 300, 308- 310, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page 114-121. Electrical stimulators (E-stim) Page 45. Functional restoration programs (FRPs) Page 49.

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