

<b>Case Number:</b>	CM15-0010735		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	12/10/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: Physical Medicine & Rehabilitation

### 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 (IW) is a 39-year-old male who sustained an industrial injury on 12/10/2013. He had a right hand laceration with tendon involvement, associated with numbness and swelling; it required sutures. Diagnoses include cervical and lumbar sprain/strain, lumbosacral or thoracic neuritis or radiculitis, unspecified, joint pain, shoulder, shoulder sprain/strain and hand laceration. Treatment to date has included medications, physical therapy (PT), home exercise and surgical tendon repair. Diagnostics performed to date included MRIs and x-rays. According to the PR2 dated 12/5/14, the IW reported constant low back and cervical pain as well as bilateral shoulder pain and right hand pain. He stated pain was improved with rest, TENS, medications and home exercise program; he experienced pain with PT. A request was made for TENS electrodes x two.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS electrodes x 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS in chronic intractable pain Page(s): 114-116.

**Decision rationale:** The patient presents with constant low back and cervical pain as well as bilateral shoulder pain and right hand pain. The request is for TENS electrodes x 2. The provided RFA is dated 09/10/14 and the date of injury is 12/10/13. Per treater report 12/04/14, the patient has a diagnoses of cervical and lumbar sprain/strain, lumbosacral or thoracic neuritis or radiculitis, unspecified, joint pain, shoulder, shoulder sprain/strain and hand laceration. Physical examination to the lumbar spine revealed decreased range of motion with forward flexion at ankle level. The cervical spine has decreased range of motion with extension and lateral flexion. Treatment to date has included medications, physical therapy (PT), home exercise and surgical tendon repair. The patient is on modified duty. Prime Dual Neurostimulator is a proprietary combined TENS and EMS stimulation unit. According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain: (p114-116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." Per 12/04/14 report, treater states, "The patient stated pain was improved with rest, TENS, medications and home exercise program; he experienced pain with PT." There is no mention of how the patient has utilized the TENS unit, how often it was used, and what outcome measures are reported in terms of pain relief and function. More importantly, the patient does not present with any of the conditions such as neuropathic pain for which TENS unit would be indicated. The request is not medically necessary.