

<b>Case Number:</b>	CM15-0161163		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	05/15/2014
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 32 year old female with a May 15, 2014 date of injury. A progress note dated March 5, 2015 documents subjective complaints (headaches; head feels heavy; memory loss; lightheadedness; neck pain and muscle spasms with grinding sounds in the neck; mid back pain and between the shoulder blades; lower back pain with muscle spasms; right shoulder pain; left shoulder pain with muscle spasms; pain rated at a level of 7 out of 10; loss of sleep due to pain), objective findings (decreased and painful range of motion of the cervical spine; tenderness to palpation of the cervical paravertebral muscles, cervicothoracic junction, left trapezius, spinous processes and suboccipitals; muscle spasm of the cervical paravertebral muscles, cervicothoracic junction, and left trapezius; positive foraminal compression test bilaterally; positive Apley Scratch on the left; tenderness to palpation of the thoracic paravertebral muscles and thoracolumbar junction; muscle spasm of the left levator scapulae, left rhomboid, medial border of the scapula and thoracic paravertebral muscles; decreased and painful range of motion of the lumbar spine; tenderness to palpation and muscle spasm of the lumbar paravertebral muscles, spinous processes and thoracolumbar junction; decreased and painful range of motion of the bilateral shoulders), and current diagnoses (headache; cervical disc protrusion; cervical myofascitis; cervical pain; cervical stenosis; thoracic disc herniation-protrusion; thoracic muscle spasm; thoracic myofascitis; thoracic stenosis; lumbar disc protrusion; lumbar pain; lumbar stenosis; left shoulder impingement syndrome; left shoulder pain; sleep disturbance; chronic pain; ligament laxity). Treatments to date have included extracorporeal shock wave therapy, electromyogram-nerve conduction studies, occupational therapy, bracing, and medications. The treating physician documented a plan of care that included a transcutaneous electrical nerve stimulator unit.

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

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

**TENS Unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

**Decision rationale:** The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation) 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, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. In addition, there must be a 30 day trial with objective measurements of improvement. These criteria have not been met in the review of the provided clinical documentation and the request is not medically necessary.