

<b>Case Number:</b>	CM15-0162679		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	12/13/1996
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Preventive Medicine, Occupational 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 63 year old male, who sustained an industrial injury on 12-13-1996 secondary to lifting heavy objects over the head resulting in neck pain and right shoulder pain. On recent provider visit dated 06-11-2015 the injured worker has reported chronic pain. The injured worker complained that pain level was a 7 out of 10 on pain scaled. On examination the thoracic spine there was diffuse tenderness noted over the right rhomboids, trapezius, trigger points were identified as well and facet tenderness was noted as well. Cervical spine revealed diffusely tenderness bilaterally was noted pain at the base of middle of the neck, positive facet loading and extension was noted to be restricted and painful. The diagnoses have included thoracic sprain and strain, neck sprain and strain, cervicgia and cervical spondylosis without myelopathy. Treatment to date has included home exercise program, and medication noted as: Icy Hot, Bio freeze, Norco, Neurontin, Aspirin and various NSAIDs. The provider requested TENS 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 (Transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Section Page(s): 114-116.

**Decision rationale:** The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one month trial period of the TENS unit should be documented as an adjunct to ongoing 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, and a treatment plan including specific short and long term goals of treatment. Per the available documentation, the injured worker had a trial with a TENS unit in March, 2015. There is no documentation of objective quantifiable relief with the use of TENS. Additionally, there is no evidence of any other adjunct treatment planned with the prospective TENS unit. The request for TENS unit is not medically necessary.