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| <b>Case Number:</b>   | CM15-0163300 |                              |            |
| <b>Date Assigned:</b> | 08/27/2015   | <b>Date of Injury:</b>       | 08/29/2013 |
| <b>Decision Date:</b> | 09/30/2015   | <b>UR Denial Date:</b>       | 07/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/20/2015 |

### 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: 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:

The injured worker is a 53-year-old female, who sustained an industrial injury on August 29, 2013. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having rotator cuff tear and cervical slipped disc. Treatment to date has included medication. Her Restoril medication and Flector patch were noted to help by 50%. On June 19, 2015, the injured worker complained of constant, severe pain in her right shoulder and neck with radiation to her right arm and wrist. The pain was rated as a 6 on a 1-10 pain scale. The treatment plan included a transcutaneous electrical nerve stimulation unit, medication and a follow-up visit. A request was made for a one to two month trial of a transcutaneous electrical nerve stimulation unit (or equivalent) for the cervical spine and right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS (or equivalent) Cervical spine and right shoulder, 1-2 month trial: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
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**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comments on the use of TENS as a treatment modality. These guidelines state that TENS 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, 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. 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. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). In this case, TENS is being recommended as an adjunct for the treatment of neuropathic pain. However, the request is for a 1-2 month trial; which exceeds the one-month trial recommended in the above cited guidelines. It should be noted in the Utilization Review process, TENS was approved for a one-month trial. In summary, a TENS Unit for the cervical spine and right shoulder, 1-2 months trial, is not medically necessary. However, a one-month trial of TENS was approved as a modification of the request in the Utilization Review process.