

<b>Case Number:</b>	CM15-0165526		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	05/12/2013
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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 29 year old male sustained an industrial injury on 5-12-13. The injured worker is being treated for cervical strain and sprain and left wrist brachial neuritis. Treatments to date include x-ray and MRI testing, a course of physical therapy, injections, acupuncture and prescription pain medications. The injured worker has continued complaints of neck and left upper extremity pain. The pain has affected the injured worker's activity level. An x-ray of the right shoulder dated 1-25-14 revealed early degenerative joint disease of the acromioclavicular joint. The injured worker has continued to be employed. Upon examination, there was tenderness over the left shoulder and pain with terminal motion. Elbow examination revealed tenderness at the lateral epicondyles with positive Cozen's signs. A request for TENS EMS for 12 months rental for the left shoulder, elbow and wrist was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS EMS for 12 months rental for the left shoulder, elbow and wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**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.