MAXIMUS Federal Services

| Case Number: | CM15-0167876 | | |
|---|---|---|---|
| Date Assigned: | 09/08/2015 | Date of Injury: | 08/07/2013 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 07/27/2015 |
| Priority: | Standard | Application Received: | 08/26/2015 |

## 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, Hawaii
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 is a 28 year old female, who sustained an industrial injury on 8-7-2013. She reported continuous trauma injuries to her neck, hands, wrists, low back, knees and ankles. Diagnoses have included cervical spine and lumbar spine myoligamentous sprain-strain syndrome with continued symptoms, bilateral elbow ulnar nerve entrapment with continued symptoms, bilateral hand DeQuervain's tendinitis, bilateral wrist sprain, bilateral knee sprain and bilateral ankle sprain. Treatment to date has included physical therapy consisting of massages, hot paraffin and electrical stimulation, acupuncture, magnetic resonance imaging and medication. According to the progress report dated 7-22-2015, the injured worker complained of neck pain and stiffness with radiating pain, tingling and numbness down the arms to the fingers. She complained of pain in the bilateral wrists and hands along with tingling and numbness in the fingers. She complained of bilateral elbow pain radiating to her hands along with tingling and numbness. She complained of bilateral knee pain and bilateral ankle and feet pain. Physical exam revealed hypesthesia over the ulnar aspect of the bilateral hands. There was tenderness and spasm of the cervical and lumbar spine areas. There was tenderness over the shoulders and wrists. There was pain over the knees and tenderness over the ankles. Authorization was requested for a transcutaneous electrical nerve stimulation (TENS) unit purchase.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit purchase:** 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 patient presents with pain affecting the neck with radiation to the bilateral upper extremities, the bilateral knees and lower extremities. The current request is for TENS unit purchase. The treating physician report dated 7/22/15 (14C) states, At this time, the patient requires a TENS unit in order to further improve her symptoms and clinical objective findings to a level that she may return to work with restrictions as soon as possible. Per MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. There is no evidence in the documents provided that shows the patient has previously been prescribed a TENS unit for a one month trial as indicated by MTUS. Furthermore, while a one month trial would be reasonable and within the MTUS guidelines, the purchase of a TENS unit without documentation of functional improvement from a one month trial is not supported. The current request does not satisfy MTUS guidelines as outlined on page 114. The current request is not medically necessary.