

<b>Case Number:</b>	CM15-0181880		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	04/28/2014
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 45-year-old female, who sustained an industrial injury on 4-28-2014. The injured worker was diagnosed as having cervical stenosis and radiculopathy. Treatment to date has included right carpal tunnel release procedure in 1-2015, physical therapy, and medications. Currently (8-13-2015), the injured worker complains of pain with radiation to both shoulders, with numbness and tingling down the arm, rated 5 out of 10, described as achy, sharp, burning, throbbing, shooting, and stabbing. Recent right carpal tunnel surgery was completed and she was waiting for the left one. Rest, heat, ice, injection, and medication lessened the pain. X-rays of the cervical spine were documented as showing "foraminal stenosis on the left C4-C5 and right C5-C6". Exam noted turning to the left and extension caused right side neck pain with limited range of motion. Neurologic exam showed "different sensation diffusely on the right versus the left", motor 5 of 5 throughout, and positive straight leg raise to the right. Her current work status was not documented and she was to be released to light duty work on 8-17-2015 with restrictions. Current medication regimen was not noted. Physical therapy progress reports noted the use of a transcutaneous electrical nerve stimulation unit with sessions, noting on 7-23-2015 that she reported pain levels as high as 8-9 out of 10, range of motion and pain "unchanged", and "is not progressing". Per the request for authorization dated 8-27-2015, the treatment plan included purchase of a transcutaneous electrical nerve stimulation unit, non-certified by Utilization Review on 9-03-2015.

## **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 claimant sustained a cumulative, work injury while working as a parking control supervisor with date of injury in April 2014. She underwent a right carpal tunnel release in January 2015 and is also being treated for left carpal tunnel syndrome. After surgery, she had physical therapy including use of TENS. After eight treatment sessions, there had been minimal improvement in pain, range of motion, or strength. When seen, she was having radiating neck pain into the shoulders was numbness and tingling into the arms. Pain was rated at 5/10. Physical examination findings included decreased and painful cervical spine range of motion. There was diffuse difference in sensation in the arms. Authorization for additional testing and a TENS unit were requested. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of TENS and, when used in therapy treatments, provided no apparent benefit. A TENS unit for purchase is not considered medically necessary.