

<b>Case Number:</b>	CM15-0189702		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	03/24/2015
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 45 year old male, who sustained an industrial injury on 3-24-15. The injured worker was being treated for cervical musculoligamentous sprain-strain with bilateral upper extremity radiculitis, lumbar musculoligamentous sprain-strain with right lower extremity radiculitis with bilateral sacroiliac joint sprain, bilateral shoulder strain-impingement syndrome and healed laceration of left index finger. On 9-3-15, the injured worker complains of low back pain radiating to right calf with painful movement, bilateral shoulder pain with difficulty reaching over shoulder level and neck pain and headaches with intermittent numbness in hands. He is temporarily totally disabled. He notes he has completed 2 of 3 rehabilitative exercise sessions with increased symptoms and current medications are not helping. Physical exam performed on 9-3-15 revealed increase in lumbar lordotic curvature, tenderness to palpation with hypertonicity over bilateral paraspinal musculature and positive straight leg raising; tenderness to palpation with spasm over bilateral paraspinal musculature and trapezius muscles with complaints of paresthesia in right side of L4- L5 and S1 dermatomes; and tenderness to palpation over acromioclavicular joints and subacromial regions bilaterally, crepitus with range of motion bilaterally, positive impingement test and restricted range of motion. MRI of lumbar spine was included with documentation; however it did not include a name or date of service. Treatment to date has included physical therapy and activity modifications. On 9-10-15 request for authorization was submitted for TENS unit and moist heating pad, MRI of cervical spine, ultrasound of bilateral shoulders, consult and Butrans patch. On 9-21-15 request for TENS unit and moist heating pad was non-certified by utilization review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One Transcutaneous electrical nerve stimulation (TENS) Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Per the guidelines, a TENS or inferential unit 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. 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. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. Additionally, it is not being used as an adjunct to a program of evidence based functional restoration. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for. The medical necessity for a TENS unit is not substantiated.

**One moist heating pad:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

**Decision rationale:** During the acute to subacute phases of surgery for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. For inflammation, heat can also be effective. In this case, there is no documentation of inflammation and the date of injury is well beyond the acute to subacute phase of injury. The medical necessity for a moist heating pad is not substantiated by the records.