

<b>Case Number:</b>	CM15-0190882		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	11/12/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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:

The injured worker is a 32 year old female who sustained an industrial injury on 11-12-2014. A review of the medical records indicated that the injured worker is undergoing treatment for bilateral upper extremity pain and paresthesias. According to the treating physician's progress report on 08-14-2015, the injured worker continues to experience bilateral upper extremity pain with painful burning primarily over the volar aspects of both arms. Examination demonstrated tenderness over the supraclavicular and infraclavicular areas bilaterally with the right side more sensitive than the left. Wright's hyper-abduction maneuver and Roos' overhead exercise tests were positive bilaterally. There was mild tenderness over the proximal volar aspects of both forearms bilaterally. Sensation was intact to light touch throughout both hands. Resisted forearm pronation was negative for increased pain. Physical therapy with the use of transcutaneous electrical nerve stimulation (TEN's) provided "some degree of symptom relief" according to the injured worker. Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies dated 05-04-2015 were reported as negative. Prior treatments have included diagnostic testing, physical therapy with transcutaneous electrical nerve stimulation therapy, home exercise program, work restrictions and medications. Current medication was noted as a topical anti-inflammatory gel. Treatment plan consists of consultation with thoracic outlet syndrome specialist and pulse oximetry testing to the bilateral upper extremities to rule out thoracic outlet syndrome and the current request for transcutaneous electrical nerve stimulation (TEN's) unit for home use. On 08-25-2015 the Utilization Review determined the request for transcutaneous electrical nerve stimulation unit was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS (transcutaneous electrical nerve stimulation) unit:** 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.