

<b>Case Number:</b>	CM15-0194273		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	10/19/1981
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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 56 year old male who sustained an industrial injury on 10-19-81. The injured worker reported discomfort in the neck and back. A review of the medical records indicates that the injured worker is undergoing treatments for multiple herniated nucleus pulposus of spine, canal stenosis of lumbar spine, herniated nucleus pulposus of cervical spine, cervical and lumbar radiculopathy, and left shoulder impingement, left knee chondromalacia patella, recurrent headaches and right carpal tunnel syndrome. Medical records dated 8-6-15 indicate pain rated at 7 out of 10. Provider documentation dated 8-6-15 noted the work status as permanent and stationary. Treatment has included lumbar spine magnetic resonance imaging, cervical spine magnetic resonance imaging, at least 12 chiropractic treatments, at least 8 acupuncture treatments, injection therapy, status post right carpal tunnel release, at least 8 sessions of physical therapy, and Norco. Objective findings dated 8-6-15 were notable for bilateral lumbar paraspinous tenderness to palpation with decreased range of motion in the cervical and lumbar spine, decreased sensation to right C6, C7 and C8 dermatomes. Provider documentation dated 8-6-15 noted the injured worker benefitted from recent physical therapy and the use of transcutaneous electrical nerve stimulation. The original utilization review (9-24-15) denied a request for 30 day trial of a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 day trial of a TENS unit:** Overturned

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

**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. The request is for a 30 day trial for the treatment of the patients ongoing back pain. Therefore the request is medically necessary.