

<b>Case Number:</b>	CM15-0199325		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	11/04/2014
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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 47 year old female who sustained an industrial injury on 11-04-2014. Treatment to date has included medications, trigger point injection and physical therapy. According to an initial orthopedic evaluation dated 07-24-2015, the injured worker reported aching and stiffness in her neck and upper back. Pain radiated to her right shoulder, arm, elbow, wrist and hand. She noted tingling and numbness in the radial aspect of her right hand. She was depressed due to chronic pain and being terminated. Physical examination demonstrated cervical spine tenderness, tenderness over the right shoulder girdle and rotator cuff, mildly positive impingement sign on the right, tenderness over the cubital tunnel of the right elbow, tenderness over the right wrist, positive Phalen's and Tinel's test, decreased sensory in the right thumb, index and middle fingers and thoracic spine. Diagnoses included chronic strain and sprain of the cervicothoracic spine and associated musculoligamentous structures, consider at cervical disc and or intraspinal injury, consider radiculopathy of the right upper extremity, tendinitis tendinosis with possible impingement right shoulder, tendinitis and or lateral epicondylitis right elbow, tendinitis right wrist with carpal tunnel syndrome clinically and post-injury depressive reaction. The provider noted that the injured worker had been temporarily totally disabled since 02-18-2015 and anticipated a disability of at least an additional 12 month. Recommendations included MRI and electrodiagnostic studies. The provider noted that ongoing conservative therapy was not recommended since the injured worker had failed conservative therapy and trigger point injection. Motrin and topical analgesic was provided. On 09-14-2015, Utilization Review non-certified the request for 1 month home based trial of Transcutaneous Electrical Nerve Stimulation & Electrical Muscle Stimulator (TENS/EMS) unit with supplies.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Month home based trial of Transcutaneous Electrical Nerve Stimulation & Electrical Muscle Stimulator (TENS/EMS) unit with supplies:** 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. However, it is recommended for a one-month trial to document subjective and objective gains from the treatment. The request is for a one-month trial and will be used in conjunction with other functional restoration treatment. Therefore, the request is medically necessary.