

<b>Case Number:</b>	CM15-0201663		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	05/07/2004
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 73 year old male who sustained an industrial injury on 05-07-2004. A review of the medical records indicated that the injured worker is undergoing treatment for cervical degenerative disc disease and sciatica. The injured worker is status post C4-C7 fusion in 2008 and 07-2010 and lumbar surgery in 05-2010. According to the treating physician's progress report on 09-02-2015, the injured worker was evaluated for occipital and neck pain. Examination demonstrated paraspinal spasm and trigger points of the trapezius, rhomboid and supraspinatus. Range of motion was decreased by 25% due to pain. Motor strength, sensory and deep tendon reflexes intact. Prior treatments have included diagnostic testing, surgery, multiple trigger point injections, transcutaneous electrical nerve stimulation (TENS) unit and medications. Current medications were listed as Norco, OxyContin SR, Temazepam, Celebrex and Skelaxin. Treatment plan consists of continuing medication regimen and the current request for batteries for TENS unit, Qty: 4.00 and Electrodes pads for TENS unit, Qty: 30.00. On 09-17-2015 the Utilization Review determined the request for batteries for TENS unit, Qty: 4.00 and Electrodes pads for TENS unit, Qty: 30.00 was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Batteries for TENS unit, per 9/2/15 order Qty: 4.00: Upheld**

**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:** This claimant was injured now 11 years ago in 2004. There is cervical degeneration, and post cervical and lumbar surgeries. A TENS is reported as used in the past, but there are no objective improvement outcomes noted. The MTUS notes that TENS 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, for the conditions described below. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had these conditions that warranted TENS. As the TENS is not supportable, batteries for it are also not supported. The request is not medically necessary.

**Electrodes pads for TENS unit, per 9/2/15 order Qty: 30.00: Upheld**

**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:** As shared, this claimant was injured now 11 years ago in 2004. There is cervical degeneration, and post cervical and lumbar surgeries. A TENS is reported as used in the past, but there are no objective improvement outcomes noted. The MTUS notes that TENS 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, for the conditions described below. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had these conditions that warranted TENS. The objective functional benefit out of past use is not noted. As the TENS is not supported, supplies for it would also be non-supported. The request is not medically necessary.