

<b>Case Number:</b>	CM15-0204302		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	02/07/2006
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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 Jersey

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:

This is a 48 year old male who sustained a work-related injury on 2-7-06. Medical record documentation on 9-21-15 revealed the injured worker was being treated for persistent left elbow pain and chronic low back pain. He reported low back pain, left side rib pain, upper extremity pain and left lower extremity pain. He continued to do well with his medication regimen and reported that his overall pain level goes from a 9 on a 10-point scale to a 7 on a 10-point scale with use of ibuprofen and gabapentin. He reported that his TENS unit continued to help some of the back pain and radicular symptoms. His medication regimen included Motrin 800 mg, Gabapentin 600 mg, Zanaflex 4 mg and TENS unit. Objective findings included tenderness to palpation in the lumbar spine and the lumbar paraspinal muscles with limited range of motion. He had decreased sensation over the lateral thigh and decreased sensation of the left lower extremity compared to the right. He had some tenderness to palpation and mild swelling over the posterior left elbow. His treatment plan included Motrin 800 mg, gabapentin 600 mg, Zanaflex 4 mg, continued use of TENS unit, and compression sleeve for the left elbow to provide relief and decrease swelling. On 10-5-15, the Utilization Review physician determined compression sleeve for the left elbow and retrospective dispensed transcutaneous electrical nerve stimulation (TENS) unit pads were not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compression sleeve for the left elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007.

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Contusion, Lateral Epicondylalgia.

**Decision rationale:** The MTUS ACOEM Guidelines state that elbow supports/braces /compression devices, although have insufficient evidence to strongly support their use, still recommend their use as they are non-invasive and low cost. Bracing results in relief of pain, improvement in functionality of the arm, and improved grip strength in those with lateral epicondylitis. Compression provides temporary reduction in swelling after contusion. Physical therapy is recommended to be combined with any bracing, as bracing alone provides little benefit. Bracing and compression should be restricted to the initial phase of the injury and is not recommended for chronic use, unless evidence of benefit in the patient is documented. In the case of this worker, although there was reported edema at the left elbow and persistent intermittent pain, this isn't enough reason to warrant a compression sleeve. There was no evidence or history suggestive of a recent re-injury to warrant any supportive device for the elbow and long-term use of these methods is not generally recommended. Therefore, the request is not medically necessary.

**Retrospective dispensed transcutaneous electrical nerve stimulation (TENS) unit pads:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Section: Low Back - Lumbar & Thoracic (Acute & Chronic).

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

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, there was record of having used TENS for an undetermined amount of time and unreported frequency. However, there was insufficient reports on how effective it was at reducing pain and improving overall function. Also, although the provider encouraged the worker to exercise, there was no reports of the worker exercising in any form to help the lower back which is required to accompany TENS use. Therefore, this request for TENS pad replacements is not medically necessary.