

<b>Case Number:</b>	CM15-0209386		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	05/15/2013
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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:

The 35 year old male injured worker suffered an industrial injury on 5-15-2013. The diagnoses included cervical radiculopathy, low back pain and myofascial pain. On 8-28-2015, the provider reported chronic pain syndrome secondary to low back pain and cervical pain. There was neck pain that radiated to the shoulder that was worse on the right. The physical therapy continued to be helping improve functionality. He reported some difficulties with range of motion if the cervical spine due to pain and pain of the lumbar spine with pain on range of motion. There was tenderness to the cervical and lumbar spine. On 9-8-2015, the provider reported neck and upper back pain and continued to note constant numbness and tingling of the bilateral upper extremities. He noted light touch sensation of the right mid lateral thigh, right lateral calf and right lateral ankle were all diminished. Prior treatments included physical therapy 8-10-2015. Utilization Review on 9-23-2015 determined modification for TENS unit to a x 30 day trial, rental only.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS 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 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 evidence of other conservative care trialed previous to this request. Also, home exercises were recommended for the worker. Although it appears that a TENS trial is warranted, this request did not specify rental, and therefore, it will be considered a request for purchase which is not medically necessary without a successful trial at home. Therefore, this request for TENS unit is not medically necessary at this time.