

<b>Case Number:</b>	CM15-0209509		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	12/31/2014
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/21/2015
<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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 58 year old male, who sustained an industrial injury on 12-31-14. The injured worker was being treated for cervical disc protrusion, thoracic sprain-strain, lumbar disc protrusion, lumbar radiculitis, right shoulder sprain-strain, left shoulder sprain-strain and sleep disturbance. On 9-25-15, the injured worker complains of intermittent, moderate pain and stiffness in neck with radiation down the shoulders and hands to fingers and upper back with some tingling and numbness in hands and fingers, constant moderate pain and tightness in upper back with muscle spasms, constant moderate pain in low back with difficulty sleeping and constant moderate pain in right and left shoulder. Work status is noted to be full duty on 5-8-15. Physical exam performed on 9-25-15 revealed tenderness to palpation of bilateral trapezii and cervical paravertebral muscles, tenderness to palpation of the thoracic paravertebral muscles, tenderness to palpation of lumbar paravertebral muscles and tenderness to palpation of lateral right and left shoulder. Treatment to date has included oral medications including Ibuprofen, shockwave treatments, physical therapy, acupuncture and injections. The treatment plan included request for TENS unit with supplies for one month home trial. On 10-21-15 request for TENS unit with supplies for one month home trial was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Month home trial of Prime Dual Neurostimulator (TENS/EMS Unit): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, TENS chronic pain (transcutaneous electrical nerve stimulation).

**Decision rationale:** MTUS states regarding TENS unit, 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. For pain, MTUS and ODG recommend TENS (with caveats) for neuropathic pain, phantom limb pain and CRPSII, spasticity, and multiple sclerosis. The medical records do not indicate any of the previous conditions. ODG further outlines recommendations for specific body parts: Low back: Not recommended as an isolated intervention. Knee: Recommended as an option for osteoarthritis as adjunct treatment to a therapeutic exercise program. Neck: Not recommended as a primary treatment modality for use in whiplash-associated disorders, acute mechanical neck disease or chronic neck disorders with radicular findings. Ankle and foot: Not recommended. Elbow: Not recommended; Forearm, Wrist and Hand: Not recommended; Shoulder: Recommended for post-stroke rehabilitation. Medical records do not indicate conditions of the low back, knee, neck, ankle, elbow, or shoulders that meet guidelines. ODG further details criteria for the use of TENS for Chronic intractable pain (for the conditions noted above): (1) Documentation of pain of at least three months duration. (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage. (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. (6) After a successful 1-month trial, continued TENS treatment may be recommended if the physician documents that the patient is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time. At this point purchase would be preferred over rental. (7) Use for acute pain (less than three months duration) other than post-operative pain is not recommended. (8) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. As noted above the available medical record does not provide documentation of an applicable indication or even a specific indication for the use of this device. As such, the request for 1 Month home trial of Prime Dual Neurostimulator is deemed not medically necessary.