

<b>Case Number:</b>	CM15-0026804		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	05/10/2013
<b>Decision Date:</b>	04/27/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: California, Indiana, New York  
 Certification(s)/Specialty: Internal 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 47-year-old female, who sustained an industrial injury on 5/10/2013. She has reported injury to bilateral feel and bilateral wrists. The diagnoses have included left shoulder impingement, left shoulder bursitis, tendinitis, and cervical strain and lumbar disc desiccation, protrusion and bilateral neuroforaminal narrowing. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), acupuncture, and forty (40) chiropractic treatments, epidural steroid injections. Currently, the IW complains of continued neck pain with radiation to upper extremity and low back pain. On 1/23/15, the physical examination documented decreased cervical spine Range of Motion (ROM), muscle spasms, and sensory loss C5-7. The diagnoses included upper extremity swelling, cervical/CADS injury, and thoracic sprain/strain. The plan of care included pain management referral, six sessions of chiropractic therapy and home Transcutaneous Electrical Nerve Stimulation (TENS), with home exercises and stretching. On 2/5/2013 Utilization Review non-certified a DME: Home Transcutaneous Electrical Nerve Stimulation (TENS) unit for cervical spine treatment. The MTUS Guidelines were cited. On 2/12/2013, the injured worker submitted an application for IMR for review of DME: Home Transcutaneous Electrical Nerve Stimulation (TENS) unit for cervical spine treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Home TENS (transcutaneous electrical nerve stimulation) unit for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are upper extremity swelling; cervical/CADS injury; and thoracic sprain/strain. The documentation from a January 23, 2015 progress note states the injured worker is to receive treatment sessions from the primary treating provider (chiropractor) and home exercises and stretching. There is no documentation or request for a TENS unit. However, the utilization review states the injured worker received prior H-wave stimulator treatment from the treating physician but did not provide objective evidence of a clinical trial or evidence of objective functional improvement. Similarly, the injured worker had a home TENS unit and the treating physician was unable and/or did not provide clinical evidence of a TENS trial or evidence of objective functional improvement. Consequently, absent clinical documentation with objective functional improvement of a TENS trial and or a Home H wave stimulator trial (or treatments), TENS unit is not medically necessary.