

<b>Case Number:</b>	CM15-0032748		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	06/02/2008
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 06/02/2008. On provider visit dated 02/26/2015 the injured worker has reported neck pain and lower back pain. The diagnoses have included chronic cervical strain, left sided cervicobrachial syndrome, radial neuritis of left upper extremity, chronic lumbar strain and evidence of left L5/S1 radiculopathy. Treatment to date has included medication. On 02/19/2015 Utilization Review non-certified TENS Unit QTY: 1.00 and TENS Unit Electrodes QTY: 12.00. The CA MTUS, Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient was injured on 08/02/08 and presents with neck pain and lower backache. The request is for a TENS UNIT QTY: 1.00. There is no RFA provided and the patient is permanent and stationary. The utilization review denial letter states that the patient has "been using TENS with attempt to reduce medication usage but no detailed history of TENS use and its effectiveness has been delineated in the requesting physician's notes." Per MTUS Guidelines page 116, TENS units have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a one-month, home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with documentation of functional improvement, additional usage may be indicated. It appears that the patient has previously used the TENS unit. There is no mention of how the patient is utilized the TENS unit, how often it was used, and what outcome measures are reported in terms of pain relief and function. The treater has not indicated a need for a TENS unit based on the MTUS criteria. The patient is diagnosed with chronic cervical strain, left sided cervicobrachial syndrome, radial neuritis of left upper extremity, chronic lumbar strain, and evidence of left L5/S1 radiculopathy. There is no diagnosis of neuropathy, CRPS, or other conditions for which a TENS unit is indicated. Therefore, the requested TENS unit IS NOT medically necessary.

**TENS Unit Electrodes QTY: 12.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient was injured on 08/02/08 and presents with neck pain and lower backache. The request is for a TENS UNIT ELECTRODES QTY: 12. There is no RFA provided and the patient is permanent and stationary. The utilization review denial letter states that the patient has "been using TENS with attempt to reduce medication usage but no detailed history of TENS use and its effectiveness has been delineated in the requesting physician's notes." Per MTUS Guidelines page 116, TENS units have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a one-month, home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with documentation of functional improvement, additional usage may be indicated. It appears that the patient has previously used the TENS unit. There is no mention of how the patient is utilized the TENS unit, how often it was used, and what outcome measures are reported in terms of pain relief and function. The treater has not indicated a need for a TENS unit based on the MTUS criteria. The patient is diagnosed with chronic cervical strain, left sided cervicobrachial syndrome, radial neuritis of left upper extremity, chronic lumbar strain, and evidence of left L5/S1 radiculopathy. There is no diagnosis of neuropathy, CRPS, or other conditions for which a TENS unit is indicated. Since the requested TENS unit is not authorized, the requested TENS unit electrodes IS NOT medically necessary either.