

<b>Case Number:</b>	CM15-0037019		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	06/28/2012
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Preventive Medicine, Occupational 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 58 year old female, who sustained an industrial injury on June 28, 2012. The injured worker had reported right hand pain, diffuse low back pain and left knee pain. The diagnoses have included chronic pain syndrome, lumbago, pain in joint of the hand, pain in the joint of the lower leg and Sympathetic Dystrophy not otherwise specified. Treatment to date has included medications, radiological studies, physical therapy, a transcutaneous electrical nerve stimulation unit and a left knee injection. The documentation supports that the injured worker used the transcutaneous electrical nerve stimulation unit daily and found relief while using the unit, which was appreciated. Current documentation dated February 18, 2015 notes that the injured worker reported right hand pain, diffuse low back pain and left knee pain. Physical examination of the lumbar spine revealed the lumbar facet loading to be positive on both sides and the straight leg raise to be negative. Right hand examination revealed a painful range of motion with flexion at the interphalangeal joint of the index finger. Examination of the left knee revealed tenderness to palpation over the lateral joint line. The provider requests continued use of TENS and requests pads for the TENS machine be authorized. On February 14, 2015, Utilization Review non-certified a request for a transcutaneous electrical nerve stimulation unit. The 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:

## **1 TENS Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): Chp 3 pg 48; Chp 8 pg 181; Chp 9 pg 203; Chp 11 pg 265, 271; Chp 12 pg 300, Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-27.

**Decision rationale:** Transcutaneous electrical nerve stimulation (TENS) is the use of electric current produced by a device placed on the skin to stimulate the nerves and which can result in lowering acute or chronic pain. There is a lot of conflicting evidence for use of TENS as well as many other physical modalities making it difficult to understand if TENS therapy is actually helping a patient or not. According to ACOEM guidelines, there is not enough science-based evidence to support using TENS in the treatment of chronic pain. On the other hand, many sources, including the Chronic Pain Medical Treatment Guidelines (CPMTG), recommend at least a one month trial of TENS to see if there is functional improvement by using this modality and recommends specific criteria for its use. The provider has documented use of a TENS unit for over 6 months. The unit does lessen the patient's pain while it is in use, approximately 45-60 minutes per day, but this effect ends when the unit is turned off. There is no documented long-term benefit in improvement in function or pain control from using this therapy. At this point in this patient's care medical necessity for continued use of a TENS unit has not been established.