

<b>Case Number:</b>	CM15-0037509		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	04/10/2001
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/05/2015
<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: 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 (IW) is a 59-year-old male who sustained an industrial injury on 04/10/2001. He has reported pain rated at 4-5 /10 with pain medications and 7/10 without. Bending and lifting increase his pain, and lying down and taking medications help reduce his pain. Pain is unchanged since his last visit and the pain is described as burning and aching pain in the trapezius. He feels pins and needles /burning sensation in the left hand that is increasing in severity. Diagnoses include cervicgia, chronic pain syndrome, and post laminectomy syndrome, cervical region. The IW is status post op C6-7 anterior fusion without comprise of the canal or neural foramen, C3-4 and C4-5 bilateral neural narrowing. Treatments to date include medications of Norco, Gabapentin, Zanaflex, and Naproxen. A progress note from the treating provider dated 01/28/2015 indicates the worker feels his medications are helpful to decrease pain and increase functions. Examination revealed no decrease in grip strength bilaterally. Spurling's sign was positive on the left; sensation was intact but reduced over the left hand. There was tenderness over the cervical paraspinals and facet joints and decreased range of motion of the cervical spine in all directions. A bilateral upper extremity electromyogram/nerve conduction study done 10/29/14 showed moderate left carpal tunnel syndrome and left C5 chronic radiculopathy. A cervical MRI done 11/11/2014 noted circumferential annular bulging and osteophyte formation at C3-4 and C4-5. C 5-6 had a right paracentral broad based disc protrusion. At C3-4 and C4-5 there was bilateral neuroforaminal narrowing. The treatment plan was to do a surgical consult for the cervical spine and request a 30 day TENS (Transcutaneous

Electrical Nerve Stimulation) unit trial. On 02/05/2015 Utilization Review non-certified a request for TENS UNIT for the neck - 30 days trial; Rental. The MTUS 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 for the neck - 30 days trial; Rental: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 114-117.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, 181-183, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page 114-121. Electrical stimulators (E-stim) Page 45. Functional restoration programs (FRPs) Page 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Electrotherapies. Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) TENS (transcutaneous electrical neurostimulation). Work Loss Data Institute - Neck and upper back (acute & chronic) <http://www.guideline.gov/content.aspx?id=47589>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints, Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) indicates that TENS is not recommended. ACOEM Chapter 8 (Page 173-174) indicates that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat / cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) indicates that electrotherapies are not recommended. Work Loss Data Institute guidelines for Neck and Upper Back (acute & chronic) indicates that electrotherapies are not recommended. Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) indicates that TENS (transcutaneous electrical neurostimulation) is not recommended. Transcutaneous electrical neurostimulation (TENS) units have limited scientifically proven efficacy in the treatment of carpal tunnel syndrome. Medical records document a history of neck complaints and carpal tunnel syndrome. Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) indicate that electrotherapies are not recommended. Work Loss Data Institute guidelines for Neck and Upper Back (acute & chronic) indicate that electrotherapies are not recommended. ACOEM Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that TENS is not recommended. MTUS, ACOEM, ODG, and Work Loss Data Institute guidelines do not support the medical necessity of electrotherapy for neck conditions. Official Disability Guidelines (ODG) indicates that TENS is not recommended for carpal tunnel syndrome. The request for TENS is not supported by clinical practice guidelines. Therefore, the request for TENS unit is not medically necessary.