

<b>Case Number:</b>	CM15-0042121		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	09/18/2008
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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:

This 54-year-old female sustained an industrial injury to the neck and back on 9/18/06. Previous treatment included magnetic resonance imaging, physical therapy, electromyography/nerve conduction velocity test, therapeutic yoga and medications. In a PR-2 dated 1/19/15, the injured worker complained of ongoing chronic neck and back pain with radicular symptoms to the right upper extremity and bilateral lower extremities and cervicogenic headaches and migraines. The injured worker reported benefit from transcutaneous electrical nerve stimulation during previous physical therapy. Physical exam was remarkable for lumbar spine and cervical spine with tenderness to palpation with negative straight leg raise, slightly reduced range of motion to the cervical spine in all planes, 5/5 motor strength to bilateral upper extremities and lower extremities and intact sensation throughout. The treatment plan included a 30-day trial of a transcutaneous electrical nerve stimulator unit and replacing Norco with Tylenol #3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 day TENS Trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (trancutaneous electrical nerve stimulation) Page(s): 74-82.

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

**Decision rationale:** This patient has a date of injury of 09/18/08 and is status post right knee arthroscopy on 11/19/14. The patient is attending physical therapy and is utilizing Norco for pain. Request for Authorization is dated 02/02/15. The current request is for 30 DAYS TENS TRIAL. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. According to progress report dated 01/19/15, the patient "reports that she had seemed to benefit from TENS stimulation when she was in therapy previously and has inquired about a TENS unit." In this case, the patient has trialed a TENS unit with no documentation regarding frequency of use, magnitude of pain reduction, and functional changes with prior use of TENS unit. MTUS allows for extended use of the unit when there is documentation of functional improvement. This patient does not meet the criteria for extended use; therefore, this request IS NOT medically necessary.