

<b>Case Number:</b>	CM15-0044693		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	05/16/2007
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Family Practice

### 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 64 year old woman sustained an industrial injury on 5/16/2007. The mechanism of injury is not detailed. Current diagnoses include right arm sprain, cervical sprain, and right shoulder sprain. Treatment has included oral and topical medications, stretching, and home exercise program. Physician notes on a PR-2 dated 11/21/2014 show constant pain to her neck, right shoulder, and arm with numbness. Recommendations include TENS unit for home use for persistent pain, numbness, and muscle spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS (transcutaneous electrical nerve stimulation) unit:** Upheld

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

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Transcutaneous Electrical Nerve Stimulation (TENS) as a treatment modality. These

guidelines state the following regarding the use of TENS: Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured.

Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use).

Neuropathic pain: Some evidence, including diabetic neuropathy and post-herpetic neuralgia.

Phantom limb pain and CRPS II: Some evidence to support use.

Criteria for the use of TENS:

Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage- A treatment plan including the specific short and long term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this case, the records indicate that the initial request was submitted for purchase of a TENS unit without a one-month trial period.

Purchase of a TENS unit without a one-month trial period is not consistent with the above stated guidelines. In the Utilization Review Process, the request for a TENS unit was modified and approved for a one-month trial. This decision is consistent with the above stated MTUS guidelines. In summary, the request for purchase of a TENS unit is not medically necessary; however, the subsequent Utilization Review decision to modify the request for a one-month trial of TENS meets the MTUS guideline recommendations.