

<b>Case Number:</b>	CM15-0051294		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	05/17/2006
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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: Arizona, Texas  
 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 was a 74 year old female, who sustained an industrial injury, May 17, 2006. The injured worker previously received the following treatments TENS (transcutaneous electrical nerve stimulator) unit, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities, Naproxen, Protonix, Tramadol ER, LidoPro lotion and Nalfon. The injured worker was diagnosed with carpal tunnel syndrome, right shoulder impingement syndrome, right rotator cuff tear, epicondylitis, neck pain with referred pain to the upper extremities and polyneuropathy. According to progress note of February 18, 2015, the injured workers chief complaint was cramping and shooting pain in the right arm from the neck down to the fingers. The injured worker was using a TENS unit heat and cold wraps at home. The physical exam noted the injured worker was able to lift 10 pounds which resulted in numbness and tingling in the right hand. The injured worker was having issues with lifting grasping and gripping with the right hand. The treatment plan included TENS (transcutaneous electrical nerve stimulator) unit supplies for continued usage of a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit supplies (provided on January 15 and February 2, 2015): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 114-117.

**Decision rationale:** According to the MTUS, the use of a transcutaneous electrical nerve stimulation (TENS) is 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. These conditions include neuropathic pain, Phantom limb pain and CRPSII, spasticity, and multiple sclerosis. In this case the patient is not enrolled in an evidence-based functional restoration program and doesn't have an accepted diagnosis per the MTUS. The documentation reviewed doesn't support that ongoing use of TENS unit with supplies is medically necessary to improve function or help the patient return to work. Therefore, the request is not medically necessary.

**Continued usage of TENS unit supplies:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 114-117.

**Decision rationale:** According to the MTUS, the use of a transcutaneous electrical nerve stimulation (TENS) is 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. These conditions include neuropathic pain, Phantom limb pain and CRPSII, spasticity, and multiple sclerosis. In this case the patient is not enrolled in an evidence-based functional restoration program and doesn't have an accepted diagnosis per the MTUS. The documentation reviewed doesn't support that ongoing use of TENS unit with supplies is medically necessary to improve function or help the patient return to work. Therefore, the request is not medically necessary.