

<b>Case Number:</b>	CM15-0055309		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	06/09/2014
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: North Carolina  
 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:

The injured worker (IW) is a 33 year old female who sustained an industrial injury on 06-09-2014. She reported an injury to her hand, head, jaw, neck, shoulders, right wrist, left hand fingers, and low back. Her hand was caught in a conveyor belt band for about 15 minutes before she received assistance and her hand was pulled from the machine. The injured worker was diagnosed as having: Pain in the left side of the jaw, Cervical spine radiculopathy, Cervical spine pain, Rule out cervical disc displacement (herniated nucleus pulposus), Rule out bilateral shoulder internal derangement, Bilateral shoulder pain, Rule out right wrist internal derangement, Right wrist pain, Left finger deformity, Left hand pain, Low back pain, Radiculitis, lower extremity, Rule out lumbar disc displacement(herniated nucleus pulposus). Treatment to date has included medications and radiographic imaging. Currently, the injured worker complains of pain in the left side of the jaw that she rates as a 10 on a scale of 0- 10 on a pain analog scale. She complains of burning, radicular neck pain described as constant, moderate to severe with muscle spasms. She rates this pain as 10 on a scale of 0-10. Bilateral shoulder pain radiating down the arms to the fingers and associated with muscle spasms is also rated as a 10 on a scale of 10 and feels the pain is aggravated by gripping, grasping, reaching, pulling, lifting, and doing work at or above the shoulder level. The right wrist has pain and muscle spasms she also rates as a 10 on a scale of 0-10. This pain is also aggravated by gripping, grasping, reaching, pulling and lifting. She complains of weakness, numbness, and tingling of the hand and fingers. The pain in the left hand and fingers is rated as a 10 on a scale of 10 with

no further description. The low back pain is rated as a 10 on a scale of 0-10 and it is associated with numbness and tingling of the bilateral lower extremities. This pain is aggravated by prolonged positioning including sitting, standing, walking, bending, arising from a sitting position, ascending or descending stairs, and stooping. The pain is also aggravated by activities of daily living such as bathing and personal hygiene. Her pain is alleviated with medications, rest and activity restriction. On examination, the range of motion of the cervical spine is diminished in all planes. Cervical distraction and cervical compression tests are positive bilaterally. There is tenderness to palpation at the delto-pectoral groove and at the insertion of the supraspinatus muscle, and at the back of the shoulders. Bilateral shoulder range of motion is normal with exception of slight decrease in flexion and abduction bilaterally. On the wrist, there is tenderness to palpation on the right wrist over the carpal bones and over the thenar eminence with diminished range of motion in all planes. In the cervical spine, sensation to pinprick and light touch is decreased over the C5 to T1 dermatomes and in the bilateral upper extremities. Motor strength is slightly diminished, and reflexes are normal. On examination of the lumbar spine, there is palpable paraspinal muscle tenderness and palpable tenderness over the lumbosacral junction. Range of motion is diminished in all planes. There is diminished sensation to pin-prick and light touch at the L4 to S1 dermatomes bilaterally. Her medications include cyclobenzaprine, Hydrocodone, Naproxen, Gabapentin, and zolpidem. The plan is for a transcutaneous electrical nerve stimulation (TENS) unit for her left hand. A request for authorization was made for the following: TENS unit with supplies for the left hand.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TENS unit with supplies for the left hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation): 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. (Carroll-Cochrane, 2001) 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. This

treatment option is recommended as an adjunct to a program of evidence based functional restoration. However, it is recommended for a one-month trial to document subjective and objective gains from the treatment. There is no provided documentation of a one-month trial period with objective measurements of improvement. Therefore, criteria have not been met and the request is not medically necessary.