

<b>Case Number:</b>	CM15-0089486		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	04/14/1998
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Emergency 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 is a 48 year old female, who sustained an industrial injury on 04/14/1998. She reported a backward fall at work where she sustained bruising and pain to the body. The injured worker was diagnosed as having complex regional pain syndrome including left upper extremity and hand, global muscular atrophy secondary to disuse, and chronic back pain status post back surgery. Treatment and diagnostic studies to date has included use of cane, acupuncture, placement of a spinal cord stimulator, medication regimen, use of heat, computed tomography of the right wrist, and above listed procedure. Medical records provided also noted multiple requests for physical therapy with use of a transcutaneous electrical nerve stimulation unit, but the documentation did not include any records indicating that any prior physical therapy was performed with use of a transcutaneous electrical nerve stimulation unit or the results of any prior physical therapy visits with use of a transcutaneous electrical nerve stimulation unit. In a progress note dated 03/04/2015 the treating physician reports complaints of pain to the bilateral upper extremities that radiates to the neck and right arm with an increase in numbness to the bilateral hands with the right worse than the left along with associated symptoms of hand heaviness, burning pains, and feeling of bruising. The neck pain is described as aching, stabbing and burning. The injured worker also has complaints of cramping to the bilateral calves and feet and a restart of migraine headaches. The injured worker is noted have multiple falls secondary to weakness and pain limiting her activities. Examination reveals multiple ecchymotic areas secondary to recent fall, diffuse weakness with the left side greater than the right, atrophy of the lower extremity leg extensors, hypertonicity to the right upper and

lower extremities, and tenderness on palpation to the bilateral lumbar paraspinal muscles and bilateral parascapular area. The injured worker's pain level was rated a 7 to 8 out of 10. The treating physician notes that the injured worker's pain is relieved with heat and medication regimen. The treating physician requested transcutaneous electrical nerve stimulation unit, but the documentation provided did not indicate the specific reason for the requested equipment.

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

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

**TENS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic, (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** The requested TENS is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "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." The injured worker has diffuse weakness with the left side greater than the right, atrophy of the lower extremity leg extensors, hypertonicity to the right upper and lower extremities, and tenderness on palpation to the bilateral lumbar paraspinal muscles and bilateral parascapular area. The injured worker's pain level was rated a 7 to 8 out of 10. The treating physician notes that the injured worker's pain is relieved with heat and medication regimen. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, TENS is not medically necessary.