

<b>Case Number:</b>	CM15-0244324		
<b>Date Assigned:</b>	12/23/2015	<b>Date of Injury:</b>	04/22/2008
<b>Decision Date:</b>	01/28/2016	<b>UR Denial Date:</b>	11/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2015

### 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 is a 49 year old female who sustained an industrial injury on 4-22-2008. She complains of neck, back, knee and shoulder pain. The injured worker was diagnosed with hip pain, left side bursitis and knee pain. Treatment to date has included diagnostic testing, injection, topical and oral medications, physical therapy and surgery (shoulder x2 and neck fusion in 2004). The progress note dated 8-25-2015, the IW complains of "shoulder pain, left sciatic pain and left knee pain. IW complains of hurting in knee, uses TNS unit, still with pain. In January, she was doing fair; her medications reduce the pain, so she is more active and function. In February, pain reduced with the use of medications, TENS units also helping. Today, doing fair uses TENS but ran out of supplies and medications still helping. On exam, the sciatic notch is tender and painful all around. The plan is to continue present program, refill medications and request TENS supplies". The UR decision dated 11-18-2015 denied a TENS unit and electrodes, 24 pairs for a 3 month supply. The request for authorization, dated 11-30-2015 is for a TENS unit and electrodes, 24 pairs for a 3 month supply.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit and electrodes #24 pairs for a 3 month supply: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**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 in pain and function. Therefore criteria have not been met and the request is not medically necessary.