

<b>Case Number:</b>	CM14-0127250		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	05/30/2014
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 32-year-old female patient who reported an injury on 5/30/2014, four (4) months ago, to the neck and upper extremities attributed to the performance of her usual, and customary job tasks reported as being knocked to the ground by a tire swing while attempting to stop it. The patient was noted to complain of neck pain, bilateral shoulder pain, and intermittent wrist pain bilaterally, low back pain, right ankle pain, and right knee pain. The objective findings on examination included tenderness, spasm, decreased range of motion, positive cervical compression test, necks, Phalen's positive and SLR positive. The patient was diagnosed with neck strain; upper back/right shoulder strain; lumbar strain; and minimal head injury. The patient was treated with ibuprofen and prescribed physical therapy. The patient was placed on modified duty. The treatment plan included a two month rental of a TENS unit with supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit & supplies x 2 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM , chapter 8 pages 173-174

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 203,Chronic Pain Treatment Guidelines TENS unit

chronic pain Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist, hand--TENS unit; Pain chapter--TENS unit

**Decision rationale:** ACOEM Guidelines do not recommend the use of TENS Units for neck, shoulder, elbow, or wrist as there is no objective evidence available to support their use. There is no demonstrated medical necessity for a TENS unit as a freestanding treatment modality without the documentation of a functional restoration effort. It is recommended that the patient undergo a 30-day trial to demonstrate functional improvement prior to the purchase of a TENS unit for the treatment of the lumbar spine chronic pain issues. There is no demonstrated chronic pain issues to the lumbar spine to warrant the prescription of a TENS unit. There is no justification for the use of the 4-lead TENS unit as required by the CA MTUS. The use of the TENS unit for the treatment for the wrist/hand/forearm is not recommended by the CA MTUS or the ACOEM Guidelines. There is no objective evidence provided to support the medical necessity of the requested TENS Unit or electric muscle stimulator for the treatment of the neck and back for the effects of the industrial injury. The TENS unit is directed to chronic neck and back pain issues with a date of injury four months ago. The patient was noted to have used a TENS unit during PT rehabilitation; however there was no documented functional improvement with the use of the Tens unit and no demonstrated reduction in the use of medications. There was no objective evidence to justify the continued use of the tens unit in the treatment plan for this patient. The CA MTUS and the Official Disability Guidelines only recommends the use of the TENS unit for chronic lower back pain with a demonstrated exercise program for conditioning and strengthening. The TENS Unit is recommended for only chronic intractable pain. There was no provided documentation that the patient was participating in a self-directed home exercise program. The ACOEM Guidelines revised back chapter 4/07/08 does recommend the use of the TENS Unit for the treatment of chronic lower back pain; however, it must be as an adjunct to a functional rehabilitation program and ongoing exercise program. The CA MTUS only recommend the use of the TENS unit for chronic lower back pain with a demonstrated exercise program for conditioning and strengthening. There are no recommendations for the use of the TENS Unit in the treatment of the neck and upper back. There is no objective evidence provided by the requesting provider that the same results cannot be achieved with a home exercise program established for functional rehabilitation with strengthening and conditioning directed to the hand. There is no demonstrated medical necessity for the provision of a TENS for the rehabilitation of the chronic pain to the lower back without an initial 30-day trial to demonstrate evidence of functional improvement. TENS unit and supplies x 2 months is not medically necessary.