

<b>Case Number:</b>	CM14-0184412		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	03/29/2005
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 54-year old woman sustained an injury with a date of 3/29/05. The nature and mechanism of the injury are described in the available records. According to her primary treater, an orthopedist, her diagnoses include cervical spine degenerative disc disease with radiculopathy, cervical spine facet arthrosis, right shoulder rotator cuff tear, bilateral shoulder impingement syndrome, and status post bilateral carpal tunnel release. There are only two complete progress notes from the primary treater in the available records, dated 5/27/14 and 8/26/14. Both document that the patient has neck and right arm pain. Both have limited documentation of the patient's physical findings, which include tenderness and limitation of movement, and which are essentially identical for both visits. The plan for both visits includes continuing the patient's transcutaneous electrical nerve stimulation (TENS) unit at home and at work, as well as continuing her Ibuprofen 800 mg three times per day, and Norco 10/325 two three times per day. The patient is working at modified duty, and her work status is identical for the two visits, with a ten-pound lifting restriction and limited standing, walking, sitting, stooping, bending and driving at work. Neither notes document whether nor how often the patient uses her TENS unit, and what her pain and function levels are before and after use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for TENS (Transcutaneous Electrical Nerve Stimulation) unit and supplies, rental or purchase, for the service dates of 06/03/2013 through 09/02/2014:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement; Transcutaneous electrotherapy Page(s): 9;114-117.

**Decision rationale:** Per the first guideline cited above, all therapies should be focused on the goal of functional improvement rather than just pain elimination, and assessment of treatment efficacy is accomplished by reporting functional improvement. According to the second citation, 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. It is recommended for neuropathic pain, CRPS II, CRPS I, spasticity in spinal cord injury, MS patients with pain and muscle spasm. Criteria for use: -pain of at least three months duration-evidence that other appropriate pain modalities have been tried (including medication) and failed-A one-month trial period should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, pain relief and function; rental preferred over purchase during this trial- Other ongoing pain treatment should be documented during the trial period, including medication usage- specific short- and long-term goals of treatment with the TENS unit should be submitted.- A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary.A form-fitting TENS device is only medically necessary when there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system, or the TENS unit is to be used under a cast (as in treatment for disuse atrophy). The clinical documentation in this case do not support the provision to and use of a TENS unit for this patient. The unit appears to have been dispensed to the patient without any sort of trial. There is no documentation that the patient is participating in a functional restoration program. It is not clear what type of unit it is (2- or 4-lead, form-fitting or not). There is no description of any benefit the patient has received from its use, and in fact it is not clear that she is using it. Her pain levels, physical exam and functional status appear to have remained exactly the same over the three-month period of use for which records are available. If the patient is in fact benefitting from TENS use, it should be a relatively simple matter to document that it is. It is not clear why the provider has not worked with the patient to provide this documentation. According to the MTUS citations above and to the clinical documentation available for my review, a TENS unit and supplies were not medically necessary for the period from 6/3/13 to 9/2/14. The request is not medically necessary, because there is no prior documented successful trial of TENS use, there is no documentation that the patient is participating in a functional restoration program, and there is no documentation that TENS use has resulted in functional improvement or in any other significant benefit to this patient.

**TENS (Transcutaneous Electrical Nerve Stimulation) unit and supplies, rental or purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement; Transcutaneous electrotherapy Page(s): 9;114-117.

**Decision rationale:** Per the first guideline cited above, all therapies should be focused on the goal of functional improvement rather than just pain elimination, and assessment of treatment efficacy is accomplished by reporting functional improvement. According to the second citation, 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. It is recommended for neuropathic pain, CRPS II, CRPS I, spasticity in spinal cord injury, MS patients with pain and muscle spasm. Criteria for use: -pain of at least three months duration-evidence that other appropriate pain modalities have been tried (including medication) and failed-A one-month trial period should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, pain relief and function; rental preferred over purchase during this trial- Other ongoing pain treatment should be documented during the trial period, including medication usage- specific short- and long-term goals of treatment with the TENS unit should be submitted.- A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary.A form-fitting TENS device is only medically necessary when there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system, or the TENS unit is to be used under a cast (as in treatment for disuse atrophy). The clinical documentation in this case do not support the provision to and use of a TENS unit for this patient. The unit appears to have been dispensed to the patient without any sort of trial. There is no documentation that the patient is participating in a functional restoration program. It is not clear what type of unit it is (2- or 4-lead, form-fitting or not). There is no description of any benefit the patient has received from its use, and in fact it is not clear that she is using it. Her pain levels, physical exam and functional status appear to have remained exactly the same over the three-month period of use for which records are available. If the patient is in fact benefitting from TENS use, it should be a relatively simple matter to document that it is. It is not clear why the provider has not worked with the patient to provide this documentation. According to the MTUS citations above and to the clinical documentation available for my review, continued use of a TENS unit and supplies are not medically necessary. It is not medically necessary because there is no prior documented successful trial of TENS use, there is no documentation that the patient is participating in a functional restoration program, and there is no documentation that TENS use has resulted in functional improvement or in any other significant benefit to this patient.