

<b>Case Number:</b>	CM14-0184599		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	05/05/2008
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/29/2014
<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 Internal 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 case of a 58 year old female with a date of injury of 5/5/2008. The patient was diagnosed with a sprain/strain of her neck. In a visit note by [REDACTED] dated 10/22/2014, it was requested by the patient and the physical therapist that she receive a TENS unit due to her response to E-stim while there. It would also give her some control and interactivity with her pain control. Her current medications include ASA 81 mg, Atenolol 50mg, Cyclobenzaprine 10 mg, Naprosyn 500 mg, Wellbutrin 300 mg, Metformin 500 mg, and Tramadol 50 mg. She is diagnosed with a neck sprain (anterior longitudinal ligament, cervical; atlanto-axial joint), cervical sprain, lumbar sprain, and thoracic sprain. A 3 month trial of a TENS unit was then requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(3) Month trial rental of a TENS unit for the cervical, thoracic, and lumbar:** 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 Page(s): 114-115.

**Decision rationale:** Based on MTUS guidelines, Transcutaneous electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. The earliest devices were referred to as TENS (transcutaneous electrical nerve stimulation) and are the most commonly used. Using a TENS unit for chronic pain 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. 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. Several published evidence-based assessments of 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 effects, and difficulty comparing the different outcomes that were measured. In this case, the request is for a 3 month trial rental of a TENS unit. Based on MTUS guidelines, a 1 month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The 3 month trial rental is longer than the recommended one month home-trial period, and therefore, based on the evidence in this case and the review of the MTUS guidelines, the request for a 3 month trial TENS unit rental for cervical, thoracic and lumbar pain is not medically necessary.