

<b>Case Number:</b>	CM13-0030573		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	08/01/2009
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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: Preventive Medicine, Occupational 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 56-year-old female, who sustained an industrial injury on August 1, 2009. She reported left small finger pain after getting it caught in a door while working as a CNA. In December, 2009, she experienced another industrial injury when a patient she was assisting fell on her, injuring her neck, bilateral shoulders, upper and lower back and arms. The injured worker was diagnosed as having left small finger fracture, left cervical radiculopathy and bilateral lumbar radiculopathy. Cervical magnetic resonance imaging revealed cervical disc bulges and lumbar foraminal stenosis as well as other abnormalities. Comorbid conditions include obesity, diabetes, kidney cancer and colon cancer. Treatment to date has included diagnostic studies, medications, physical therapy, chiropractic care, left small finger splint and work restrictions. The patient has not worked since August 2010. Currently, the injured worker complained of continued neck, bilateral shoulder, upper extremity and upper and lower back pain with associated weight gain. The evaluation on June 5, 2013, revealed continued pain and no benefit with physical therapy or chiropractic care. A TENS unit was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): Chp 3 pg 48; Chp 8 pg 181; Chp 12 pg 300, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-27.

**Decision rationale:** Transcutaneous electrical nerve stimulation (TENS) is the use of electric current produced by a device placed on the skin to stimulate the nerves and which can result in lowering acute or chronic pain. There is a lot of conflicting evidence for use of TENS as well as many other physical modalities making it difficult to understand if TENS therapy is actually helping a patient or not. According to ACOEM guidelines there is not enough science-based evidence to support using TENS in the treatment of chronic pain. On the other hand, many sources, including the Chronic Pain Medical Treatment Guidelines (CPMTG), recommend at least a one month trial of TENS to see if there is functional improvement by using this modality. However, this trial is limited to patients with either neuropathic pain, chronic regional pain syndrome, phantom limb pain, spasticity, multiple sclerosis or in the first 30 days after surgery and the unit must be used in conjunction with other treatment modalities in an overall approach to functional restoration. A meta-analysis in 2007 suggested effectiveness of this modality for chronic musculoskeletal pain but random controlled studies are needed to verify this effectiveness. The MTUS lists specific criteria for use of this treatment. These criteria are met for this patient. She has chronic intractable pain, has failed prior courses of physical therapy and chiropractic therapy and her medications do not fully relieve her symptoms. At this point in the care of this patient for trial of TENS has been established and is medically necessary.