

<b>Case Number:</b>	CM14-0211612		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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:

This is a 42-year-old female with a 6/4/13 date of injury, when she sustained injuries to the upper extremities and neck while performing her usual and customary duties as a cook. The PT progress note dated 9/12/14 indicated that the patient accomplished 12 sessions of PT for the upper extremities and the treatment was minimally beneficial. The patient was seen on 11/10/14 with complaints of burning, radicular neck pain; burning bilateral shoulder pain, radiating down to the arms and fingers; burning bilateral elbow pain; and burning bilateral wrist pain and muscle spasms. The patient has been noted to be on Naproxen and Advil. Exam findings revealed tenderness to palpation at the suboccipital region, trapezial muscles, delto-pectoral groove, insertion of the supraspinatus muscle, medial and lateral epicondyles, and both wrists. The cervical distraction and compression tests were positive bilaterally, the ranges of motion of the bilateral elbows were mildly decreased in supination and pronation, and the range of motion of the cervical spine and bilateral shoulders were decreased by 10-15 degrees. The sensation was diminished over the C5-T1 dermatomes in the bilateral upper extremities, the motor strength was 4/5 in all muscle groups in the bilateral upper extremities, and the DTRs were 2+ and symmetrical. The progress note stated that the patient would undergo a course of shockwave therapy and PT for the upper extremities. The diagnosis is cervical spine strain/sprain, right shoulder strain/impingement, right elbow lateral epicondylitis, and right wrist carpal tunnel syndrome. Treatment to date: work restrictions, 12 sessions of PT, and medications. An adverse determination was received on 12/09/14; however the determination page was not available from the review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Prime dual TENS/EMS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS UNIT; Neuromuscular electrical stimulation (NMES devices) Page(s): 114-116; 120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, TENS, chronic pain (transcutaneous electrical nerve stimulation).

**Decision rationale:** CA MTUS does not specifically address a Prime dual TENS/EMS. CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In addition, ODG states that that for neck TENS is not recommended as a primary treatment modality for use in whiplash-associated disorders, acute mechanical neck disease or chronic neck disorders with radicular findings; for Elbow and Forearm, Wrist and Hand TENS is not recommended and for Shoulder TENS is recommended for post-stroke rehabilitation. CA MTUS states that NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. However, there is a lack of documentation regarding the patient's treatment history over the last 3 months including the use of a TENS unit in physical therapy, medication management, or instruction and compliance with an independent program. In addition, there is no specific duration or request for a trial. Additionally, there is a lack documentation indicating that the patient suffered from a stroke. Lastly, there is insufficient documentation to establish medical necessity for the requested Prime dual TENS/EMS. Therefore, the request for Prime dual TENS/EMS is not medically necessary.

**Batteries; one month supply:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS UNIT Page(s): 114-120.

**Decision rationale:** CA MTUS does not specifically address the batteries. CA MTUS states that TENS consists of an electrical pulse generator connected to skin-surface electrodes that apply stimulation to peripheral nerves at well-tolerated frequencies. Electrodes can either be placed at

the site of pain or other locations, using a trial and error methodology. A TENS unit can be varied by amplitude, pulse width (duration) and pulse rate (frequency). However, the request for a Prime dual TENS/EMS was not certified, therefore the request for batteries was not necessary. Therefore, the request for Batteries; one month supply is not medically necessary.

**Lead wires; one month supply:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS UNIT Page(s): 114-120.

**Decision rationale:** CA MTUS does not specifically address lead wires. CA MTUS states that TENS consists of an electrical pulse generator connected to skin-surface electrodes that apply stimulation to peripheral nerves at well-tolerated frequencies. Electrodes can either be placed at the site of pain or other locations, using a trial and error methodology. A TENS unit can be varied by amplitude, pulse width (duration) and pulse rate (frequency). However, the request for a Prime dual TENS/EMS was not certified, therefore the request for lead wires was not necessary. Therefore, the request for Lead wires; one-month supply is not medically necessary.

**Electrodes; one month supply:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS UNIT Page(s): 114-120.

**Decision rationale:** CA MTUS does not specifically address electrodes. CA MTUS states that TENS consists of an electrical pulse generator connected to skin-surface electrodes that apply stimulation to peripheral nerves at well-tolerated frequencies. Electrodes can either be placed at the site of pain or other locations, using a trial and error methodology. A TENS unit can be varied by amplitude, pulse width (duration) and pulse rate (frequency). However, the request for a Prime dual TENS/EMS was not certified, therefore the request for electrodes was not necessary. Therefore, the request for Electrodes; one month supply is not medically necessary.