

<b>Case Number:</b>	CM15-0012904		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 53 year old female, who sustained a work/ industrial injury on 10/29/12. She has reported symptoms of constant neck pain on both sides, shoulder pain (R>L), radiation down to both elbows, wrists, and hands with numbness and weakness, low back pain, bilateral knee pain, right hip pain, bilateral ankle pain, weakness in feet, anxiety and insomnia. Prior medical history was not documented. The diagnoses have included cervical spine sprain/strain, degenerative disc disease with upper extremity radiculopathy, tendonitis, bilateral shoulders, elbows, wrists, and hands, bilateral metatarsalgia, lumbosacral sprain/strain with bilateral lower extremity radiculopathy, and bilateral ankle sprain/strain. Per the treating physician's progress report on 6/16/14, findings reported limited range of motion, localized tenderness, with numbness and tingling in both hands, Positive Tinel's at wrists, lumboosacral spasms, and tenderness, and crepitation with range of motion of both knees. Treatment to date has included conservative treatment, Transcutaneous Electrical Nerve Stimulation (TENS) unit, exercises, psychiatric care, and activity modification. Diagnostics included nerve conduction studies noting mild acute C6 radiculopathy on the right, mild right carpal tunnel syndrome-median nerve entrapment at wrist and magnetic resonance imaging (MRI) noting cervical spine disc protrusions a normal lumbar spine. On 12/29/14, Utilization Review non-certified 3 package of 4 Electrode 1.75" x 1.75" every 1 month (90 days), noting the California Medical treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines. The reviewer cited that TENS has not been shown to efficacious in long term studies.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Pkg of 4 Electrode 1.75" every 1 month (90 days): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-117.

**Decision rationale:** In this case, the request for electrodes q1 month is dependent on the appropriateness of TENS Unit Stimulation and the need for monthly replacement. The Chronic Pain Medical Treatment Guidelines on Pages 114-116 specify the following regarding TENS (transcutaneous electrical nerve stimulation): "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. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (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 effect, and difficulty comparing the different outcomes that were measured. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm." (Miller, 2007) A review of this injured worker's industrial diagnoses failed to reveal any of the indications above of multiple sclerosis, spasticity, phantom limb pain, or complex regional pain syndrome as described by the CPMTG. The worker primarily has spine based pain in the lumbar and cervical region, as well as musculoskeletal pain in the hands, feet, elbows, and other body regions. By statute, the California Medical Treatment and Utilization Schedule takes precedence over other national guidelines which may have broader indications for TENS unit. Given this worker's diagnoses, TENS is not medically necessary.