

<b>Case Number:</b>	CM15-0017760		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	11/27/2011
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61 year old female who sustained a work related injury November 27, 2011. A patient grabbed and twisted her right arm and threw her up against a wall. She had immediate pain on the right side of the head and down the right side of her body. She was treated with medications, acupuncture and physical therapy. Past history included right carpal tunnel release and right trigger thumb release and right long finger release June 2014. According to a treating physician's progress note dated November 24, 2014, the injured worker presented with severe pain in the right hand. The pain radiates up to the head, neck, shoulder, arm and back, rated 7/10. The symptoms; tingling popping, stabbing weakness and numbness are constant and unchanged. Physical examination reveals the carpal tunnel incision is healed, thumb joint has slight crepitation and popping which is tender; she is not triggering. The right shoulder subacromial space, AC joint, trapezium, clavicle, and scapula are tender. Treatment plan included acupuncture, request for a TENS unit, continue with psychologist and medications. According to utilization review dated December 31, 2014, the request for TENS Unit and supplies rent to purchase has been non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines, TENS Unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit and supplies from rental to purchase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), Page(s): 114-116.

**Decision rationale:** The patient presents with severe pain radiating up to the head, neck, shoulder, arm and back. The current request is for TENS unit and supplies from rental to purchase. The treating physician states that a TENS unit has been helpful. The MTUS guidelines state, "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." "Recommended by types of pain include neuropathic pain, CRPS I and II, neuropathic pain including diabetic neuropathy and post-herpetic neuralgia, phantom limb pain, spasticity and multiple sclerosis." The records do not establish that the patient has these types of pain. "Criteria for use of a TENS unit include: Chronic intractable pain (for the conditions noted above): - Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the 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." In this case, the treating physician has not provided documentation as to how long of a trial of the TENS unit the patient has undergone as well as no documentation of functional improvement. The treating physician only states that the patient tolerated the procedure well. There is no documentation of how often the TENS unit was used and there are no outcomes in terms of pain relief and function. The current request is not medically necessary and the recommendation is for denial.