

<b>Case Number:</b>	CM15-0112496		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	11/16/2012
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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:

This is a 65 year old female with a November 16, 2012 date of injury. A progress note dated May 14, 2015 documents subjective findings (left hand pain), objective findings (no edema or swelling; normal range of motion; skin clean, dry, and intact), and current diagnoses (headache; left hand sprain/strain; left hand De Quervain's). Treatments to date have included transcutaneous electrical nerve stimulator unit, medications, and home exercise. The medical record indicates that the injured worker has been using transcutaneous electrical nerve stimulator treatment since before August of 2014, and that the treatment has helped with the pain. The treating physician documented a plan of care that included four pairs of transcutaneous electrical nerve stimulator electrode patches. An appeal letter dated June 2, 2015 indicates that the patient complains of severe pain in the left hand and states that pain improves with tens treatment. The goal of treatment is to improve functional restoration and reduce pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Transcutaneous electrical nerve stimulation (TENS) electrodes patches times 4 pairs DOS: 05/14/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines TENS, chronic pain

(transcutaneous electrical nerve stimulation); TENS, post operative pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 114-121 of 127.

**Decision rationale:** Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) 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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial. Additionally, there is no identification of objective functional improvement as a result of the tens unit, a description of how often the unit is used, or documentation of analgesic benefit from the use of this treatment modality. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.