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| <b>Case Number:</b>   | CM15-0173837 |                              |            |
| <b>Date Assigned:</b> | 09/15/2015   | <b>Date of Injury:</b>       | 01/20/2012 |
| <b>Decision Date:</b> | 11/06/2015   | <b>UR Denial Date:</b>       | 08/25/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/03/2015 |

### 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 56 year old female, who sustained an industrial injury on 1-20-12. Medical record indicated the injured worker is undergoing treatment for carpal tunnel syndrome on right, epicondylitis laterally status post lateral epicondylar release, epicondylitis medially status post medial epicondylar release, cubital tunnel syndrome on right post cubital tunnel release, gastrointestinal reflux disease and headaches. Treatment to date has included lateral epicondyle injections, epicondylar release, and physical therapy and activity modifications. On 8-13-15, no subjective findings were documented. Limitations are imposed on work status. Objective findings on 8-13-15 revealed tenderness along the medial and lateral epicondylar surface with well healed scars and weak grip. A request for authorization was submitted on 8-13-15 for hot-cold wrap, (EMG) Electromyogram (NCV) Nerve Condition Velocity studies of bilateral upper extremities, Tramadol ER 150mg #30, Celebrex 200mg #30, Aciphex 20mg #30 and Trazodone 50mg #60, four lead transcutaneous electrical nerve stimulation (TENS) unit and physical therapy. On 8-25-15, utilization review non-certified requests for transcutaneous electrical nerve stimulation (TENS) unit noting there is no mention of a successful trial of transcutaneous electrical nerve stimulation (TENS) in the recent medical document to support benefit; conductive undergarment noting there is no mention of any limitation that the injured worker is not able to apply her own electrodes and (EMG) Electromyogram (NCV) Nerve Condition Velocity studies of left upper extremity noting medical documents do not support left sided symptoms.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Four leads TENS (transcutaneous electrical nerve stimulation) unit, indefinite use, Qty 1:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Transcutaneous electrical neurostimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** Regarding the request for TENS, 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. 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.

**EMG (electromyography), Left Upper Extremity, Qty 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Carpal Tunnel Syndrome - EMG (electromyography).

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

**Decision rationale:** "Regarding the request for EMG of left upper extremity, ACOEM Practice Guidelines state that the electromyography may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." Within the documentation available for review, there is documentation of numbness in the right upper extremity. The physical exam findings are consistent with cubital tunnel syndrome with aberrant two-point discrimination in sensory testing. However, the notes indicate that the patient's pathology is right sided only, and her prior elbow surgeries were on the right side. Given this, the currently requested EMG of left upper extremity is not medically necessary.

**Conductive garment, Qty 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Transcutaneous electrical neurostimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** Regarding the request for this garment which is a supply of a TENS unit, 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. 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, the conductive garment intended to be used for the TENS unit is not medically necessary.

**NCV (nerve conduction velocity), Left Upper Extremity, Qty 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Carpal Tunnel Syndrome - NCS (nerve conduction studies).

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Regarding the request for nerve conduction study of the left upper extremity, ACOEM Chapter 11 on pages 271-273 in Table 11-7 recommends nerve conduction studies for "median (B) or ulnar (C) impingement at the wrist after failure of conservative treatment." There is recommendation against "routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without symptoms (D)." Within the documentation available for review, there is documentation of aberrant two-point discrimination along the ulnar nerve on exam. The patient was last treated some time ago, and received elbow surgery (including a cubital tunnel release) outside of the worker's compensation system. Although the exam is suggestive for right sided cubital tunnel syndrome, the case for left sided symptoms is not made. The progress notes all document left sided symptoms, and the UR process already certified a right sided electrodiagnostic study. Given this, this request is not medically necessary.