

<b>Case Number:</b>	CM15-0175060		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	12/27/2013
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Texas, Florida, 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 61 year old male sustained an industrial injury on 12-27-13. Documentation indicated that the injured worker was receiving treatment for lumbar spine herniated nucleus pulposus with right lower extremity radiculopathy, right shoulder impingement syndrome, bilateral lateral epicondylitis, depression, anxiety and medication induced gastritis. Previous treatment included physical therapy, aqua therapy, trigger point injections, home exercise, psychological care and medications. Bilateral shoulder ultrasound (10-27-14) showed a right partial thickness rotator cuff tear with right acromial joint hypertrophy. Bilateral elbow ultrasound (11-10-14) showed bilateral common flexor tendon edema and fibrosis. X-ray lumbar spine (5-21-14) showed scoliosis with decreased disc height at L2-3 and degenerative marginal osteophytes. In a pain management PR-2 dated 6-30-15, the injured worker complained of ongoing low back pain with radiation down the right lower extremity, rated 7 out of 10 on the visual analog scale. The injured worker was currently receiving aqua therapy. The injured worker reported that Norco helped him function throughout the day and perform activities of daily living with 40 to 50% relief of pain. Physical exam was remarkable for right shoulder with range of motion: flexion 100 degrees, abduction 100 degrees and internal and external rotation 60 degrees, left shoulder range of motion: abduction 160 degrees, upper extremities with tenderness to palpation in the lateral epicondyle region and lumbar spine with tenderness to palpation to bilateral paraspinal musculature with numerous trigger points, positive right straight leg raise, decreased range of motion with obvious muscle guarding including flexion at 45 degrees, extension at 15 degrees and bilateral lateral bend at 20 degrees, 1 out of 4 right Achilles tendon reflex, 4 out of 5

strength to the right ankle flexion and great toe extension and decreased sensation at the L5 to S1 distribution. The treatment plan included refill medications (Anaprox DS, Prilosec and Norco), continuing aqua therapy and consideration for a right shoulder injection and right L5-S1 epidural steroid injection. On 7-29-15, a request for authorization was submitted for a transcutaneous electrical nerve stimulator unit with supplies. On 8-6-15, Utilization Review noncertified a request for a transcutaneous electrical nerve stimulator unit with supplies.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TENS unit with supplies:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This claimant was injured in 2013 and has lumbar spine herniated nucleus pulposus with right lower extremity radiculopathy, right shoulder impingement syndrome, bilateral lateral epicondylitis, depression, anxiety and medication induced gastritis. There is ongoing low back pain. On 7-29-15, a request for authorization was submitted for a transcutaneous electrical nerve stimulator unit with supplies, which was non-certified. The MTUS notes that 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, for the conditions described below. 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) I did not find in these records that the claimant had these conditions that warranted TENS. Also, an outright purchase is not supported, but a monitored one month trial should be done, to insure there is objective, functional improvement. In the trial, there must be 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. There was no evidence of such criteria being met in these records. The request is not medically necessary.