

<b>Case Number:</b>	CM15-0175397		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	06/16/2010
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 51-year-old female worker who was injured on 6-16-2010. The medical records indicated the injured worker (IW) was treated for complaints of pain in the neck and back, weight gain and depression; right knee strain and sprain; and status post right total knee replacement (10-5-10) and manipulation under anesthesia (12-2010). The progress notes (7-16-15) indicated the IW had neck pain rated 8 out of 10, which was 9 out of 10 at the last visit; mid and upper back pain rated 8 to 9 out of 10, previously 9 out of 10; lower back pain rated 8 to 9 out of 10, previously 9 out of 10; and right knee pain rated 6 to 7 out of 10, which was 8 out of 10 on the last visit. The IW was temporarily very disabled. On physical examination (7-16-15), there was tenderness in the cervical, thoracic and lumbar paraspinal muscles and in the right knee. The cervical and thoracic tenderness was improved and the lumbar and right knee tenderness was unchanged from the previous exam. There were no changes in the neurocirculatory exam. The IW stated the treatment was helping and physical therapy (PT) (9 sessions completed) decreased her pain and tenderness. She had previous PT for the cervical and lumbar spine, as well as the right knee. The treatment plan included topical medication, continued PT for the right knee, an orthopedic specialist consult for the right total knee replacement and a TENS-EMS unit to manage or reduce pain. A Request for Authorization dated 7-18-15 was received for a prime dual electrical stimulator (TENS-EMS). The Utilization Review on 8-7-15 non-certified the request for prime dual electrical stimulator (TENS-EMS), because the documentation and the CA MTUS Chronic Pain Medical Treatment Guidelines did not support medical necessity of the treatment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Prime Dual Electrical Stimulator (TENS-EMS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (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. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. In addition, there must be a 30-day trial with objective measurements of improvement. These criteria have not been met in the review of the provided clinical documentation and the request is not medically necessary.