

<b>Case Number:</b>	CM15-0178148		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	03/25/2015
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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 46 year old female sustained an industrial injury on 3-23-15. Documentation indicated that the injured worker was receiving treatment right elbow medial epicondylitis. Previous treatment included physical therapy and medications. Magnetic resonance imaging right upper extremity (4-20-15) showed mild right elbow medial epicondylitis without evidence of tendon or ligament tear. In the most recent documentation submitted for review, an initial orthopedic evaluation dated 5-13-15, the injured worker complained of ongoing right elbow pain, rated 8 out of 10 on the visual analog scale. Physical exam was remarkable for right shoulder with well-preserved anatomical alignment and intact range of motion in all planes and right elbow with "some mild swelling" along the medial aspect of the right elbow, tenderness to palpation over the medial epicondyle, "some" right forearm pain, positive Tinel's at the right elbow, and right elbow range of motion: flexion 120 degrees, extension 0 degrees and supination and pronation 80 degrees. The treatment plan included splinting at night and acupuncture. On 7-31-15, a request for authorization was submitted for a transcutaneous electrical nerve stimulator unit. On 8-10-15, Utilization Review noncertified a request for a neurostimulator (transcutaneous electrical nerve stimulator unit).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurostimulator TENS (transcutaneous electrical nerve stimulation) - EMS (electronic muscle stimulation), 1 (one) month rental:** 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. However, it is recommended for a one-month trial to document subjective and objective gains from the treatment. There is no provided documentation of a one-month trial period with objective measurements of improvement in pain and function. Therefore, criteria have not been met and the request is not medically necessary.