

<b>Case Number:</b>	CM15-0027822		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	10/28/2013
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: New Jersey

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:

The injured worker is a 32 year old male, who sustained an industrial injury on 10/28/2013. He has reported subsequent back pain and was diagnosed with lumbar disc syndrome and radiculopathy. Treatment to date has included oral pain medication, TENS unit, surgery and physical therapy. In a progress note dated 06/19/2014, the injured worker complained of continued right hand and wrist pain. Objective physical examination findings were notable for continued sensitivity over incisions, decreased grip strength on right side by 50% and limited flexion and extension. The physician noted that a home TENS unit was recommended since previous use of TENS therapy had provided good results. A request for authorization of TENS unit and supplies was made. On 02/02/2015, Utilization Review non-certified a request for TENS unit, electrodes, batteries and adhesive wipes, noting that there was no documentation of objective functional improvement with the previous use of TENS unit. MTUS guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Electrical Nerve Stimulation (TENS) unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Electrical Nerve Stimulation (TENS) Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS Page(s): 114-116.

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes; 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, although there was documentation that he had received a rental TENS unit with supplies in 8/2014, there was no documentation provided for review following this time which specifically reported on how effective the TENS unit with measurable pain levels before and after and specific functional gains and/or pain medication reductions to help justify the purchase of a TENS unit. Without this evidence of benefit with the TENS rental, the purchase of the TENS, along with the associated electrodes, batteries, and adhesive wipes, will all be considered medically unnecessary until provided for review.

**Electrodes:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS Page(s): 114-116.

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, although there was documentation that he had received a rental TENS unit with supplies in 8/2014, there was no documentation provided for review following this time which specifically reported on how effective the TENS unit with measurable pain levels before and after and specific functional gains and/or pain medication reductions to help justify the purchase

of a TENS unit. Without this evidence of benefit with the TENS rental, the purchase of the TENS, along with the associated electrodes, batteries, and adhesive wipes, will all be considered medically unnecessary until provided for review.

**Batteries:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS Page(s): 114-116.

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, although there was documentation that he had received a rental TENS unit with supplies in 8/2014, there was no documentation provided for review following this time which specifically reported on how effective the TENS unit with measurable pain levels before and after and specific functional gains and/or pain medication reductions to help justify the purchase of a TENS unit. Without this evidence of benefit with the TENS rental, the purchase of the TENS, along with the associated electrodes, batteries, and adhesive wipes, will all be considered medically unnecessary until provided for review.

**Adhesive wipes:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS Page(s): 114-116.

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan

including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, although there was documentation that he had received a rental TENS unit with supplies in 8/2014, there was no documentation provided for review following this time which specifically reported on how effective the TENS unit with measurable pain levels before and after and specific functional gains and/or pain medication reductions to help justify the purchase of a TENS unit. Without this evidence of benefit with the TENS rental, the purchase of the TENS, along with the associated electrodes, batteries, and adhesive wipes, will all be considered medically unnecessary until provided for review.