

<b>Case Number:</b>	CM15-0090644		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	08/01/2014
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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 35 year old female sustained an industrial injury to the back, neck, hand and wrist on 8/11/14. Previous treatment included magnetic resonance imaging, chiropractic therapy and medications. In an orthopedic evaluation dated 3/18/15, the injured worker complained of, clicking and catching tenderness with limited range of motion and weakness to the cervical spine, thoracic spine with tenderness to palpation, limited range of motion and weakness, lumbar spine with tenderness to palpation, limited range of motion, weakness with radiation to the buttocks and thighs and right wrist with pain, numbness and tingling. Physical exam was remarkable for tenderness to palpation to the paraspinal musculature with mild limited range of motion and right wrist with tenderness to palpation over the flexor compartment and carpal canal with full and symmetric range of motion and positive Phalen's sign and median nerve compression sign. X-rays of the cervical spine and lumbar spine showed degenerative changes. X-rays of the right wrist were within normal limits with slight ulnar positive variance. Current diagnoses included cervical spine sprain/strain, cervical spine radicular syndrome, thoracic spine sprain/strain, lumbar spine sprain/strain, lumbar spine radicular syndrome and right wrist tendinitis/carpal tunnel syndrome. The treatment plan included a trial of six chiropractic therapy sessions. On 3/31/15, a request for authorization was submitted for a Solace multi stimulator unit (5 month rental) plus supplies (electrodes-8 pair, leadwires-2, adaptor and installation) 5 month rental for cervical/lumbar spine and a lumbar home exercise rehabilitation kit.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Solace multi stimulator unit (5 month rental) plus supplies (electrodes-8 pair, leadwires-2, adaptor and installation) 5 month rental for cervical/lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 114.

**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. Therefore, criteria have not been met and the request is not medically necessary.