

<b>Case Number:</b>	CM15-0093991		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	05/23/2012
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: 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:

The injured worker is a 50-year-old male, who sustained an industrial injury on May 23, 2011. He reported neck pain, mid back pain and low back pain radiating to the right shoulder and left knee pain. The injured worker was diagnosed as having neck sprain/strain, shoulder arthroscopy, knee arthroscopy and lumbar sprain/strain. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left knee and right shoulder, physical therapy, chiropractic care, TENS unit, medications and work restrictions. Currently, the injured worker complains of continued neck, shoulder, mid and low back pain. It was noted the knee resolved following arthroscopic procedure. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on May 14, 2015, revealed continued pain as noted. He reported 40-50% improvement with pain medications and chiropractic care. It was noted he required medications to protect the stomach secondary to gastrointestinal upset with pain medications. A TENS unit for purchase was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit #1 Purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used as well as outcomes in terms of pain relief and function, and a treatment plan including specific short and long term goals of treatment. The injured worker had knee arthroscopy on April 24, 2015 and is now attending physical therapy and chiropractic therapy. A TENS unit has been utilized during the chiropractic therapy with subjective pain relief. However, the injured worker has not completed a thirty-day trial period with TENS and the pain relief has not been quantified. The request for TENS Unit #1 purchase is not medically necessary.