

<b>Case Number:</b>	CM15-0094830		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	04/18/2014
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/01/2015
<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: 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:

The injured worker is a 48 year old female who sustained an industrial injury on 04/18/2014. Mechanism of injury occurred when she was in a motor vehicle accident. Diagnoses include cervical radiculopathy, cervical spine sprain/strain, cephalgia, lumbar radiculopathy, lumbar spine sprain/strain, insomnia, anxiety and depression. Treatment to date has included diagnostic studies, medications, ice, heat, and physical therapy. An Electromyography done on 03/10/2015 revealed electrical evidence of left carpal tunnel syndrome. No electrical evidence of cervical radiculopathy in both upper extremities. A physician progress note dated 03/11/2015 documents the injured worker has neck pain that is described as dull and aching and associated with headaches. Pain is rated as 6-7 out of 10 on the Visual Analog Scale without medications and at 5 out of 10 with medications. The neck pain is associated with radiating pain, numbness and tingling to both upper extremities. Her low back pain is dull and rated at 6-7 out of 10 on the Visual Analog Scale without medications and 5 out of 10 with medications. Low back pain is associated with radiating pain, numbness and tingling to both lower extremities. She has loss of sleep, anxiety and depression. Her cervical spine has nuchal tenderness bilaterally. There is tenderness and myospasm palpable over the bilateral paracervical muscles and bilateral trapezius muscles. There is decreased cervical range of motion in all planes due to end range neck pain. She has tenderness and myospasm palpable over the bilateral lumbar paralumbar muscles and tenderness in the sciatic notches. There is decreased lumbar range of motion in all planes due to end range back pain. The treatment plan includes dispensing Alprazolam for sleep, Omeprazole as a prophylactic gastro protectant and use in conjunction with NSAIDs, Motrin, and a lumbar back brace/support, and a hot/cold machine. Treatment requested is for TENS/IF Unit 1 month home based trial with supplies.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TENS/IF Unit 1 month home based trial with supplies:** Overturned

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

**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. These criteria have been met for a one month trial period and therefore the request is medically necessary.