

<b>Case Number:</b>	CM15-0095885		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	04/21/2014
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 53 year old female, who sustained an industrial injury on April 21, 2014. She reported experiencing a fall onto the bilateral knees and wrists, experiencing pain in the right shoulder and neck. The injured worker was diagnosed as having cervical myofascial pain, rule out cervical radiculopathy, lumbar myofascial pain, rule out lumbar radiculopathy, right shoulder subacromial bursitis and impingement, right wrist sprain/strain, left wrist sprain/strain, rule out TFCC right and left tear, right knee chondromalacia patella, and left knee chondromalacia patella. Treatment to date has included activity modification, x-rays, physical therapy, home exercise program (HEP), TENS, LSO, and medication. Currently, the injured worker complains of cervical pain with right greater than left upper extremity symptoms, right shoulder pain, right wrist/hand pain, right knee pain, left knee pain, low back pain with right greater than left lower extremity symptoms. The Treating Physician's report dated April 3, 2015, noted the cervical and lumbar spine with tenderness, with diminished sensation of right greater than left C6 and C7 dermatomal distributions, and diminished sensation of the right L5 and S1 dermatomal distribution. Straight leg raise was noted to be positive on the right for pain to foot at 35 degrees. The right shoulder was noted to have diffuse tenderness and positive impingement sign. The right wrist was noted to have tenderness over the TFCC. The right and left knees were noted to have painful patellofemoral crepitation. The treatment plan was noted to include requests for x- rays of the eyes to clear for cervical spine and right shoulder MRIs, request for additional physical therapy, continued LSO and TENS, and medications dispensed including Tramadol ER, Naproxen Sodium, Pantoprazole, and Cyclobenzaprine, and request

for reconsideration of topical antiepileptic Gabapentin.

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

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

**TENS unit:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic pain subsection.

**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. Criteria for its ongoing use have been met and the request is medically necessary.