

<b>Case Number:</b>	CM15-0096031		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	03/27/2013
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Emergency 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 43 year old female, who sustained an industrial injury on 3/27/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having brachial neuritis/radiculitis, shoulder impingement, carpal tunnel syndrome, gastro-duodenal disorder and anxiety. There is no record of a recent diagnostic study. Treatment to date has included 36 sessions of physical therapy/chiropractic care and medication management. The injured worker reported electrical stimulation after physical therapy sessions helps with pain. In a physical therapy progress note dated 4/23/2015 and a physician progress note from 4/30/2015, the injured worker complains of right shoulder pain rated 6-9/10, but with improved movement with physical therapy. Physical examination showed tender paravertebral muscles with spasm and restricted range of motion and a positive impingement test. Current medications include Naproxen Sodium, Omeprazole, Capsaicin cream, Carisprodol and Tylenol #3. The treating physician is requesting TENS (transcutaneous electrical nerve stimulation).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS (transcutaneous electrical nerve stimulation) unit, for home usage, unknown length of use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

**Decision rationale:** The request is for a transcutaneous electrical nerve stimulation (TENS) unit, which is a form of electrotherapy. Electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. It is 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, in very specific conditions. These include diabetic and post-herpetic neuropathy, phantom limb pain, chronic regional pain syndrome, spasticity in spinal cord injury, and multiple sclerosis and muscle spasm. 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. Rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The injured worker has not been diagnosed with one of the chronic conditions that typically may benefit from therapy with a TENS unit. Furthermore, while the worker does experience some relief of pain through use of transcutaneous electrical therapy while at physical therapy, there is no clearly documented improvement in function and return to work. There is no clear short- and long-term goals of treatment with use of a TENS unit. The MTUS criteria for home use of a TENS unit have not been met, and therefore the request is not medically necessary.