

<b>Case Number:</b>	CM15-0096331		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/17/2015
<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: 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 49-year-old female who sustained an industrial injury on 09/02/2011. Mechanism of injury occurred while she was taking out trash and lifting a heavy dumpster lid to put the trash in. She felt a snap in her neck. Diagnoses include cervical radiculopathy, thoracic sprain/strain, status post lumbar spine surgery 12/2011 and 11/14/2014, lumbar spine sprain/strain, lumbar radiculopathy, and left shoulder sprain/strain. Treatment to date has included diagnostic studies, medications, surgery, injections, and a home exercise program and a Transcutaneous Electrical Nerve Stimulation unit. A physician progress note dated 03/20/2015 documents the injured worker complains of constant neck pain radiating to the left upper extremity with numbness and tingling. Her constant mid lumbar pain is rated 7-8 out of 10, constant low back pain is rated 6 out of 10, and constant left shoulder pain is 8-9 out of 10. Her low back pain continues to improve following the surgery but continues to experience residual flare up depending on her activity level. Cervical range of motion is restricted and there is tenderness to palpation along the upper trapezius muscles bilaterally with palpable spasms. Lumbar range of motion is restricted, there is tenderness to palpation along the lumbar spine, paravertebral muscles bilaterally, and spasms along the paravertebral muscles of the lumbar spine bilaterally. Straight leg raise is positive bilaterally. The treatment plan is for a follow-up visit. Treatment requested is for 30 day trial of TENS unit with supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 day trial of TENS unit with supplies:** Overturned

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

**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 trial have been met and the request is medically necessary.