

<b>Case Number:</b>	CM15-0096711		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	10/20/2003
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	05/08/2015
<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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 62 year old female who sustained an industrial injury on 10/20/03 that was the result of continuous trauma. She currently complains of cervical and bilateral upper extremity pain, status post left shoulder surgery 12/9/09; bilateral wrist, hand and forearm pain with numbness and tingling, worse on the right; daily headaches with radiation down the back of her neck; depression; difficulty sleeping; gastrointestinal upset due to medication; constipation; triggering of the right third and fourth fingers; weight gain. She has a pain intensity of 4/10 with medication and 8/10 without medication. The medication allows her to perform activities of daily living. She uses Norco for pain, Prilosec for gastrointestinal issues, Trazadone, Effexor. On physical exam the cervical spine shows moderate spasm mostly on the left, decreased range of motion, positive Spurling's sign on the left; shoulder exam shows tenderness on palpation bilaterally, decreased range of motion; elbow exam shows moderate tenderness on palpation of the medial and lateral elbow on the right and mild tenderness on the left, positive Tinel's sign on the right; wrist and hand exam show right third and fourth digit tenderness but no triggering. Diagnoses include bilateral wrist, hand and forearm tendinitis with bilateral carpal tunnel syndrome, left greater than right, status post left carpal tunnel release surgery (8/13/08), status post right carpal tunnel release (7/1/09), recurrent triggering of the right third and fourth digits, recurrent increasing numbness in the right upper extremity; bilateral elbow tendinitis with bilateral cubital tunnel syndrome; cervical strain, mostly left sided; bilateral shoulder strain, status post left shoulder arthroscopic surgery (12/0/09); cervicogenic headaches; depression/insomnia; gastroesophageal reflux disease due to pain medications. Treatments to date include

medications; transcutaneous electrical nerve stimulator unit and bands at night; elastic gloves; psychiatrist. Diagnostics include MRI of the cervical spine (2/9/15) showing multilevel degenerative changes of the cervical spine more pronounced at C5-6 and C6-7; electromyography/nerve conduction studies of the upper extremities (10/31/12) showing mild bilateral carpal tunnel syndrome; MRI of the cervical spine (12/27/12) showing query muscle strain versus secondary spondylotic changes; MRI of the thoracic spine (12/27/12) showing spondylotic changes, posterior disc bulge without evidence of canal stenosis or foramin narrowing. In the progress note dated 4/17/2015 the treating provider's plan of care includes a request for transcutaneous electrical nerve stimulator unit supplies as the transcutaneous electrical nerve stimulator unit relieves pain and allows reduction of medication use.

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

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

**One (1) TENS unit with supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS Unit.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit supplies are not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are bilateral wrist, hand and forearm tendinitis with bilateral carpal tunnel syndrome, left greater than right; bilateral elbow tendinitis bilateral cubital syndrome; cervical strain, mostly left-sided; bilateral shoulder strain; cervicogenic headaches; secondary depression/insomnia; and GERD. The documentation does not indicate anatomical region being treated. There is no objective functional improvement documented in the medical record with ongoing TENS use. There is no documentation of specific reduction in medication. There is no ongoing physical therapy or functional restoration program. There are no short and long-term goals documented in the medical record with TENS. Consequently, absent documentation with objective functional improvement, anatomical region being treated, ongoing physical therapy with documentation of medication reduction, TENS unit supplies are not medically necessary.