

<b>Case Number:</b>	CM14-0143733		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	09/21/2000
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 63 years old female with an injury date on 09/21/2000. Based on the 07/23/2014 progress report provided by [REDACTED], the diagnoses are: Bilateral, carpal tunnel syndrome, moderate as per EMG, Right middle, ring and small trigger fingers, Right shoulder impingement and rotator tear, History of fibromyalgia. According to this report, the patient complains of numbness in the hands, wrist and fingers bilaterally. The patient also complains of triggering of the right middle, ring and small fingers. Physical exam reveals decreased right shoulder range of motion with weakness. Tenderness to palpation is noted over the right AC joint and the dorsal and volar aspect of the right wrist. Drop arm test, Neer's, Impingement test, Hawkins test, Phalen's and Durkan's test are positive on the right. There is sensory loss in the median nerve distribution, bilaterally. MRI of the cervical spine on 06/05/2014 reveals multilevel loss of disc height and disc desiccation change seen at C4-C5, C5-C6, and C6-C7; 4mm disc protrusion and mild to moderate right greater than left lateral spinal and neural foraminal stenosis at C4-C5; and 4.8mm disc protrusion with a focal central annular tear and mild bilateral lateral spinal and neural foraminal stenosis. There were no other significant findings noted on this report. The utilization review denied the request on 08/30/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/18/2014 to 07/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 TENS unit with supplies, electrodes and pads:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy TENS, chronic pain (transcutaneous electrical nerve stimulation).

**Decision rationale:** According to the 07/23/2014 report by [REDACTED] this patient presents with numbness in the hands, wrist and fingers bilaterally. The treater is requesting 1 TENS unit with supplies, electrodes and pads. The utilization review denial letter states "bases on the lack of clinical indications for its use." Regarding TENS units, the MTUS guidelines state "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option" and may be appropriate for neuropathic pain. The guidelines further state a "rental would be preferred over purchase during this trial." Review of the medical records from 03/18/2014 to 07/23/2014 shows no indication that the patient has tried a one-month trial to determine whether or not a TENS unit will be beneficial. Recommendation is for denial.