

<b>Case Number:</b>	CM13-0020448		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	07/05/2011
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 physician 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 claimant is a 45-year-old female presenting with neck and shoulder pain following a work-related injury on July 5, 2011. The claimant reported severe neck pain and shoulder pain with the right being worse than the left. The claimant has tried steroid injections without benefit. The claimant's medications include Naprosyn, Flexeril, and Lidoderm patch. The physical exam was significant for limited range of motion of the cervical spine, tenderness over the anterior and posterior cervical triangles bilaterally, tenderness to palpation over the medial aspect of both scapulars and intrascapular area, weakly positive impingement sign, and weakly positive adduction test. The claimant was diagnosed with cervical brachial syndrome, right shoulder impingement syndrome with partial thickness tearing, right acromioclavicular arthritis, right biceps tendinitis, and left shoulder impingement syndrome. X-ray of the before meals joints was significant for minimal arthritis. X-ray of the dorsal spine was normal. The medical record notes that the claimant is temporary and totally disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME TENS Unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Title 8. Industrial Relations, Division 1. Department of Industrial Relations, Chapter 4.5 Division of Workers' Compensation, Subchapter

1. Administrative Director - Administrative Rules, Article 5.5.2 Medical Treatment Utilization Schedule.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DME TENS Unit Page(s): 115-116.

**Decision rationale:** The Physician Reviewer's decision rationale: A DME TENS Unit is not medically necessary. California MTUS states that a TENS unit 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, for the conditions described: Chronic intractable pain: Documentation of pain of at least three months duration; There is evidence that other appropriate pain modalities have been tried (including medication) and failed; 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; A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. A TENS unit is not medically necessary because there is lack of documentation that meets the criteria for TENS unit as listed in the California MTUS guidelines. Specifically, there was no order of a functional restoration program to be used in conjunction with the TENS and it is not clear if the TENS will be used as a one month trial before permanent use is ordered.