

<b>Case Number:</b>	CM13-0031183		
<b>Date Assigned:</b>	03/17/2014	<b>Date of Injury:</b>	04/01/2007
<b>Decision Date:</b>	05/05/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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, 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:

This 55 year-old male plant manager sustained a cumulative trauma injury on April 1, 2007 while employed by [REDACTED]. Request under consideration include six month rental of a TENS (transcutaneous electrical nerve stimulation) unit with supplies. The patient is s/p right shoulder arthroscopic SAD and labral repair on June 27, 2013 (per operative noted). Conservative care has included cervical epidural steroid injections (last done on September 11, 2013), medications, physical therapy, and off work. Report of August 19, 2013 from the provider noted patient with increased low back pain, not improved with medications and home exercises, heat or cold applications. Exam of the lumbar spine showed tender paraspinal regions; motion restricted secondary to pain; guarding with motion; muscle spasm; and antalgic gait with flex/ext of 90/10 degrees. Diagnostic x-rays noted lumbar hardware in stable position. (There is history of low back injury dating back to 1998). The patient had in office trigger point injection procedures. Diagnoses included s/p left shoulder arthroscopy and decompression; right shoulder impingement/partial tear of rotator cuff; s/p left knee arthroscopy and partial medial and lateral meniscectomy; bilateral carpal tunnel syndrome; slight facet disease L4-S1; s/p lumbar fusion L3-5 with instrumentation July of 2011; cervical disc space collapse C5-6; and C3-T1 with central and foraminal stenosis. Treatment plan included medications (Norco, Anaprox), cervical epidurals; lumbar brace; TENS unit x 6 months for low back. The patient remained TTD. Request for 6 months TENS unit was partially-certified for 1 month citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 MONTH RENTAL OF TENS UNIT WITH SUPPLIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Section Page(s): 114-118.

**Decision rationale:** This 55 year-old male plant manager sustained a cumulative trauma injury on April 1, 2007 while employed by [REDACTED]. Request under consideration include six month rental of a TENS (transcutaneous electrical nerve stimulation) unit with supplies. The patient is s/p right shoulder arthroscopic SAD and labral repair on June 27, 2013 (per operative noted). Conservative care has included cervical epidural steroid injections (last done on September 11, 2013), medications, physical therapy, and off work. Diagnostic x-rays noted lumbar hardware in stable position. (There is history of low back injury dating back to 1998). The patient had in office trigger point injection procedures. Diagnoses included s/p left shoulder arthroscopy and decompression; right shoulder impingement/partial tear of rotator cuff; s/p left knee arthroscopy and partial medial and lateral meniscectomy; bilateral carpal tunnel syndrome; slight facet disease L4-S1; s/p lumbar fusion L3-5 with instrumentation July of 2011; cervical disc space collapse C5-6; and C3-T1 with central and foraminal stenosis. Treatment plan included medications (Norco, Anaprox), cervical epidurals; lumbar brace; TENS unit x six months for low back. The patient remained TTD. Request for 6 months TENS unit was partially-certified for 1 month citing guidelines criteria and lack of medical necessity. According to the Chronic Pain Medical Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. It does not appear the patient has received complete trial of TENS unit and submitted reports have not adequately demonstrated functional improvement with TENS use as the patient remained TTD and pain relief unchanged.