

<b>Case Number:</b>	CM13-0049095		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/20/2013
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in New York and Texas. 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 patient is a 27-year-old male who reported an injury on 08/26/2013. The patient has had continued complaints of right shoulder pain that radiates into the neck and is accompanied by numbness, tingling, burning sensations, and weakness. The patient has rated his pain at a level of 5/10 to 6/10. The patient has also stated he has constant low back pain that radiates into his bilateral legs and hips and is also accompanied by numbness, tingling, burning sensations, and weakness. He rates that pain as around 4/10 to 6/10. The patient stated he has much difficulty with getting on and off the toilet, walking outdoors on flat ground, climbing stairs, sitting, standing, reclining, and rising from a chair. The patient also states that he has difficulty doing light housework and has difficulty sleeping and engaging in sexual activity due to his discomfort. The patient underwent Magnetic resonance imaging (MRI) of the lumbar spine on 11/15/2013 which noted the patient has straightening of the lumbar lordotic curve which may reflect an element of myospasm. The rest of the Magnetic resonance imaging (MRI) was unremarkable. The patient was most recently seen on 01/07/2014 for a complaint of decreased sleep. The patient stated he has also been feeling stressed with symptoms of anxiety and has reported right shoulder pain that continues to bother him, mostly with overhead and reaching types of activities. The patient stated his low back pain has improved about 10% over the last couple of weeks and rates his pain as about 5/10 to 6/10. Under the objective findings, the lumbar spine examination did reveal pain and spasms. Range of motion was approximately 90% of normal with positive Kemp's test. The patient had a negative straight leg raise and the right shoulder examination revealed pain on the anterior aspect. Range of motion was approximately 80% of normal with pain into abduction and flexion. The patient had a positive Speed's test and positive impingement test, as well as tenderness on the left shin examination. Otherwise, the examination was normal.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment TENS Unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Transcutaneous electrotherapy Page(s): 114-115.

**Decision rationale:** According to California Medical Treatment Utilization Schedule (MTUS) Guidelines, it states TENS units are not recommended as a primary treatment modality, but a one month home-based TENS trial may be considered as a non-invasive conservative option if used as an adjunct to a program of evidence-based functional restoration. In the case of this patient, although he has had ongoing complaints of shoulder and low back pain, the documentation does not give indication as to which area of the body the TENS unit would be utilized for. Furthermore, there was no statement of a one month home-based TENS unit trial to also be used in adjunct to another conservative modality. Therefore, the patient does not meet guideline criteria for the use of a TENS unit at this time. As such, the requested service is non-certified.