

<b>Case Number:</b>	CM13-0063481		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, shoulder pain, chronic pain syndrome, and myofascial pain syndrome reportedly associated with an industrial injury of August 9, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; psychotropic medications; a massager; and trigger point injection therapy. In a utilization review report of November 19, 2013, the claims administrator denied a request for a 30-day trial of a TENS unit. No clear rationale for the denial was provided; the claims administrator simply stated that the applicant did not meet criteria for pursuit of a TENS unit trial. The applicant's attorney subsequently appealed. A May 28, 2013 occupational therapy note is notable for comments the applicant had persistent complaints of pain, 6/10, was stiff about the neck and back, and had not returned to work at that point in time. An October 10, Final Determination Letter for IMR Case Number [REDACTED] 2013 progress note was notable for comments that the applicant was off of work, on total temporary disability. 4 to 6/10 pain was noted. The applicant was on Vicodin and Motrin at that point in time. The applicant is asked to remain off of work and began Desyrel and Cymbalta and embark upon a TENS unit trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT RENTAL FOR 30 DAYS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS topic Page(s): 116.

**Decision rationale:** As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a one-month home-based trial of a TENS unit is indicated in applicants with chronic intractable pain of greater than three months' duration who have tried and failed other appropriate pain modalities, including pain medications. In this case, the applicant has in fact tried and failed appropriate pain modalities, including pain medications, psychotropic medications, physical therapy, trigger point injection therapy, etc., without appropriate relief. A one month trial of a TENS unit is indicated. It is incidentally noted that the claims administrator's rationale, while sparse, may have been predicated on the fact that TENS units are generally recommended for neuropathic pain and that the applicant's pain here is purportedly myofascial injury. However, page 3 of the MTUS Chronic Pain Medical Treatment Guidelines takes a position that all chronic pain conditions can have a central or neuropathic origin. Accordingly, the original utilization review decision is overturned, for all the stated reasons. The request is medically necessary and appropriate.