

<b>Case Number:</b>	CM13-0063622		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	12/04/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in PM&R, 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 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 30-year-old male with date of injury of 11/01/2012. The listed diagnosis per [REDACTED] dated 11/20/2013 is 1. Backache, NOS. According to progress report dated 11/20/2013 by [REDACTED], the patient complains of neck, upper back, and bilateral shoulder pain. He states that his pain level has increased since his last visit. His quality of life has remained unchanged. Activity level has remained the same. The patient is currently taking Ibuprofen and Flexeril as prescribed and he states that medications are working well with some drowsiness and nausea being reported. Physical examination shows range of motion of the cervical spine is restricted with flexion at 45 degrees, extension 45 degrees, right lateral bending 35 degrees, left lateral bending 35 degrees, internal rotation to the left 70 degrees, internal rotation to the right 65 degrees, all with limitations due to pain. Paravertebral muscles, spasm, tenderness, tight muscle band and trigger point are noted on both sides. Spurling's maneuver produced no pain in the neck, musculature or radicular symptoms in the arm. Examination of the lumbar spine also shows limited range of motion due to pain. Faber test is positive. Straight leg raising test is negative. Sensation is intact. Reflexes are equal and symmetric in the bilateral upper and lower extremities. The treater is requesting a purchase of a TENS unit for home use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

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

**Decision rationale:** This patient presents with chronic neck, upper back, and bilateral shoulder pain. The treater is requesting a purchase of a TENS unit for home use. Utilization review dated 12/04/2013 denied the request stating that there is lack of symptoms indicative of neuropathic pain associated with the upper mentioned condition. MTUS Guidelines page 114 to 166 on TENS unit is "not recommended as a primary treatment modality but a 1-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." Progress report dated 11/20/2013 by [REDACTED] notes that the patient was utilizing TENS unit during physical therapy and he noted improvement in flared pain to his lower back and pain relief lasted 12 hours. Review of reports from 07/05/2013 to 11/20/2013 showed that the patient has not done a 30-day trial of the TENS unit, but it was utilized during physical therapy visits. The patient did experience some relief from pain with the use of TENS unit in conjunction with physical therapy, but his pain actually increased as reported on this last visit. The patient needs to trial TENS unit at home to determine its efficacy in terms of function and pain reduction as required by MTUS. Recommendation is for denial