

<b>Case Number:</b>	CM13-0071555		
<b>Date Assigned:</b>	05/16/2014	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 patient is a 62-year-old male who has submitted a claim for left shoulder pain and impingement, possible cervical and lumbar discogenic pain, and right lumbosacral radicular pain associated with an industrial injury date of September 10, 2013. The patient complained of on and off neck pain, constant left shoulder pain, right shoulder pain with on and off numbness, and constant lower back pain with radiation to the right lower extremity. A physical examination of the neck showed midline tenderness from C3-C6; bilateral paravertebral and trapezius muscle tenderness; and bilateral cervical facet tenderness noted at C4-C5, C5-C6. A physical examination of the lower back showed midline tenderness at L4-L5, L5-S1; mild right sacroiliac joint tenderness; positive straight legs raise and Lasegue's on the right. A physical examination of bilateral shoulders showed tenderness over the anterior, lateral, posterior, and superior aspect of the shoulders; tenderness over the left acromioclavicular joint; restricted range of motion on the left at flexion of 90 degrees, extension of 30 degrees, adduction of 30 degrees, abduction of 80 degrees, internal and external rotation of 30 degrees. Pain was noted on cervical, thoracic, and lumbar spine movement. Altered sensation noted on the right L5-S1 nerve root, mild weakness of the right lower extremity, weakness of left upper extremity and left grip strength due to shoulder pain. Treatment to date has included shoulder sling, non-steroidal anti-inflammatory drugs, opioids, topical analgesics, chiropractic sessions, transcutaneous electrical nerve stimulation (TENS) unit. The utilization review from November 27, 2013 denied the request for 2 months rental of a transcutaneous electrical nerve stimulation unit with set-up and delivery and 4 packs of electrodes, four per pack due to lack of documentation of, failure of other conservative measures, a 1 month trial of the TENS unit, and short and long term goals with TENS use.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**2 MONTH RENTAL OF TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION UNIT WITH SET UP , DELIVERY, FOUR BATTERIES AND 4 PACKS OF ELECTRODES, FOUR PER PACK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 114-116.

**Decision rationale:** Page 114-116 of the California MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, a one-month home-based TENS trial may be considered as a conservative option. Criteria for the use of TENS unit include pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In this case, the patient reported improvement with prior use of a TENS unit. However, specificity as to the result was not documented. There was no formal documentation of a successful 1-month trial included in the medical records reviewed. In addition, there were no reports of failure of oral medications and physical therapy. Recent progress notes reported that chiropractic sessions were beneficial and that additional sessions were approved. Furthermore, specific short- and long-term goals with TENS use were not indicated. Therefore, the request for 2 month rental of transcutaneous electrical nerve stimulation unit with setup, delivery, four batteries and 4 packs of electrodes, four per pack is not medically necessary.