

<b>Case Number:</b>	CM14-0006133		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 45-year-old male who has submitted a claim for neck and thoracic sprain/strain and lumbar disc displacement without myelopathy associated with an industrial injury date of August 2, 2012. Medical records from 2013 were reviewed. The patient complained of left shoulder pain. Physical examination showed tenderness over the acromioclavicular joint and pain with range of motion (ROM) in all directions. Treatment to date has included NSAIDs, opioids, topical analgesics, anticonvulsants, home exercise programs, physical therapy, acupuncture, transcutaneous electrical nerve stimulation (TENS), and steroid injections. Utilization review from January 6, 2014 denied the request for TENS unit and supplies because documentation of a successful 1 month trial of the TENS unit was lacking and the patient's diagnoses do not fit the recommendation for TENS use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT AND SUPPLIES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) UNIT Page(s): 114-116.

**Decision rationale:** As stated on pages 114-116 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) of how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the patient complained of chronic neck and lower back pain. Progress notes from December 17, 2013 reported that oral pain medications and home exercise programs were beneficial in reducing his symptoms. The patient had a TENS unit purchase certified last August 2013. However, information on how the TENS unit was used had not been included in the medical records. In addition, recent progress notes did not document any functional gains from TENS unit use. Therefore, the request for TENS unit and supplies is not medically necessary.