

<b>Case Number:</b>	CM14-0014323		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	01/18/2008
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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:

This is a 62-year-old female with a 1/8/08 date of injury. She is status post a right shoulder surgery in 2011 and a right shoulder manipulation on 1/16/13, She was seen on 1/16/14 with complaints of headaches 8-9/10, bilateral shoulder pain 8/10, and neck and low back pain, 9/10, with associated numbness in the bilateral lower extremities, with the right being greater than left. Exam findings revealed positive impingement signs in the right shoulder, with decreased range of motion in the bilateral shoulders, trigger points in the lumbar paraspinal muscles, restricted spine range of motion secondary to pain and spasms, decreased sensation in the right C7 and S1 bilateral dermatomes. No strength deficits or atrophy was noted. Her diagnosis is lumbar stenosis with radiculopathy and bilateral shoulder internal derangement. The request was for a MED-3 unit for the right shoulder and lumbar spine. The treatment to date included medications, physical therapy, epidural injections. A UR decision dated 1/23/14 denied the request for a MEDS-3 unit (a form fitting TENS unit) given there was no documentation regarding why a traditional TENS unit could not be used.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME X 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Transcutaneous Electrotherapy.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit includes chronic intractable pain, 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. Regarding a form fitting TENS unit, this device is considered medically necessary if the patient qualified for a TENS unit but cannot use a traditional unit, such as in skin pathology or a large area of treatment is required. This patient has no such diagnosis. The unit was for her right shoulder and L spine, and it is unclear why a traditional TENS unit would not suffice. Therefore, the request for a right shoulder MEDS-3 unit was not medically necessary.