

<b>Case Number:</b>	CM14-0015481		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	09/07/2007
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 63-year-old male who has submitted a claim for status post right shoulder surgery times two, left shoulder surgery times three with residuals, bilateral carpal tunnel syndrome, cervical stenosis, thoracic strain, lumbar stenosis, discogenic disease, disc bulging, status post left knee surgery times two with residuals, and status post right carpal tunnel release associated with an industrial injury date of September 7, 2007. Medical records from 2013 were reviewed. The patient complained of low back, bilateral shoulder, and neck pain, grade 8/10 in severity. The low back pain radiates to the bilateral legs. Bilateral shoulder pain radiates down the bilateral arms and hands with popping sensation and weakness, numbness and tingling on both arms. The neck pain radiates to the upper back and into the bilateral shoulders. Physical examination showed spasm, painful range of motion, and limited range of motion of the lumbar spine. Positive impingement sign of both shoulders was noted. There was also painful range of motion. There was spasm, pain and decreased range of motion of the cervical spine. Facet tenderness was positive. Imaging studies were not available. Treatment to date has included medications, home exercise program, activity modification, left knee surgery, bilateral shoulder surgery, trigger point injections, and right carpal tunnel release. Utilization review, dated January 17, 2014, did not grant the request for Prime Dual TENS-EMS unit because it was unclear as to what circumstances would require both modes of stimulation, no program of evidence-based functional restoration, and no documented TENS trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRIME DUAL TENS-EMS UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** As stated on page 114-116 of the California MTUS Chronic Pain Medical Treatment guidelines, 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, if used as an adjunct to a program of evidence-based functional restoration. Criteria for the use of TENS unit include chronic intractable pain - 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, patient had neck, bilateral shoulder and low back pain since 2013. The rationale for the use of TENS-EMS unit was not provided. It is unclear why a single modality unit would not suffice. A one-month home-based TENS trial was also not documented and it was not mentioned if the current request would be a one-month trial. Furthermore, there was no documentation regarding failure of other ongoing treatment modalities or medications being used. A treatment plan concerning the use of the TENS-EMS unit was also not found in the documentation. The guideline criteria have not been met. Also, the present request failed to specify the body part to be treated and the duration of the treatment. Therefore, the request for PRIME DUAL TENS-EMS UNIT is not medically necessary.