

<b>Case Number:</b>	CM14-0157404		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	04/13/2012
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Physical Medicine and Rehabilitation 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 24-year-old male with a date of injury of 04/13/2012. The listed diagnoses per [REDACTED] are: 1. Chronic intractable neck pain. 2. Disk protrusion, cervical spine. 3. Bilateral shoulder strain. 4. Chronic intractable low back pain. 5. Disk protrusion, lumbar spine. 6. Radiculopathy, left lower extremity. 7. Neuropathic pain, left lower extremity. 8. Depression, gastritis, nausea. The medical file provided for review includes 1 progress report from 08/04/2014. According to this report, this patient presents with continued neck and bilateral shoulder pain. There is positive tenderness and spasm noted over the paracervical musculature. Range of motion of the cervical spine is reduced. Examination of the lumbar spine revealed antalgic gait and positive tenderness and spasm in the paralumbar musculature. Straight leg raise is positive in the left lower extremity. Examination of the bilateral shoulder revealed decreased range of motion. All other testing of the bilateral shoulder were negative. The treater is requesting a 1 month home-based TENS trial. Utilization review denied the request on 08/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transcutaneous electrical stimulation (TENS) unit, 1 month home based trial for the lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation (TENS) Page(s): 114-11.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116.

**Decision rationale:** This patient presents with neck, low back, and bilateral shoulder pain. The treater is requesting a 1-month home-based TENS trial as a noninvasive conservative treatment to relieve patient's symptoms. Utilization review denied the request stating that the patient did not have radicular symptoms. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality but a one-month home-based trial may be considered for specific diagnosis of neuropathy, CRPS (complex regional pain syndrome), spasticity, phantom limb pain, and multiple scoliosis. In this case, the utilization review noted that there was no radicular symptoms in this patient, however a review of the progress report 08/04/2014 indicates that the patient has continued low back pain with a positive straight leg raise with diminished sensation in the L4 nerve root distribution and has diagnosis of neuropathic pain. A 1-month home-based trial of a TENS unit is indicated and recommendation is for approval.