

<b>Case Number:</b>	CM14-0158281		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	06/05/2008
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	08/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of June 5, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; earlier shoulder surgery; unspecified amounts of physical therapy; opioid therapy; topical compounds; and dietary supplements. In a Utilization Review Report dated August 30, 2014, the claims administrator denied a request for a 30-day TENS unit trial on the grounds that the applicant reportedly did not have neuropathic pain. The applicant's attorney subsequently appealed. In a January 17, 2014 progress note, the applicant reported multifocal complaints of 5 to 7/10 neck, shoulder, and bilateral upper extremity pain. The applicant was placed off of work, on total temporary disability. A Methoderm gel was endorsed. On June 26, 2014, the applicant again reported multifocal neck, shoulder, and right upper extremity pain complaints. The applicant reported paresthesias about the upper extremity. Norco, Naprosyn, Xolido, Methoderm, and a 30-day trial of the TENS unit with associated supplies were sought. Multiple MRI imaging studies were also endorsed. The applicant did not appear to be working on permanent limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 day trail of a TENS unit with supplies for the right shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS ( Transcutaneous Electrical Nerve Stimulation) Page(s): 114-1.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Mechanisms section.; Criteria for the Use of TENS topic. Page(s): 3; 116.

**Decision rationale:** As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a one month trial of the TENS unit is indicated in applicants with chronic intractable pain of greater than three months' duration, which has proven recalcitrant to other appropriate pain modalities, including pain medications. In this case, the applicant's chronic neck and shoulder pain has, in fact, proven recalcitrant to time, medications, physical therapy, earlier shoulder surgery, topical compounds, dietary supplements, opioid therapy, etc. The applicant remains off of work. Pain complaints persist. Obtaining a 30-day trial of the TENS unit is therefore indicated, given the failure of analgesic medications here. Contrary to what was suggested by the claims administrator, the applicant does have some elements of neuropathic pain, with neck pain radiating to the upper extremities and upper extremity paresthesias reported on multiple office visits referenced above. It is further noted that page 3 of the MTUS Chronic Pain Medical Treatment Guidelines seemingly espouses the view that many chronic pain states may have a central or neuropathic etiology. For all of the stated reasons, then, the proposed 30-day trial of a TENS unit is medically necessary.