

<b>Case Number:</b>	CM14-0159151		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	12/09/2013
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Family 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 50 year old female patient who sustained a work related injury on 12/9/13. Patient sustained the injury when she was holding a heavy metal door in the bathroom area mopping the floor and she felt pain in her right shoulder. The current diagnoses include lumbar strain, central disc protrusion with annular tear L5-S 1 with mild left lateral recess stenosis, right shoulder strain with impingement and rotator cuff tear. Per the doctor's note dated 08/04/14 and 4/21/14, patient has complaints of low back pain with intermittent right leg pain with numbness in the right foot at 8/10. Physical examination revealed restricted lumbar range of motion with pain in all ranges, she can arise from seated to standing without difficulty and normal gait and normal sensory and motor examination. The current medication lists include Naproxen and Aspirin. The patient has had MRI of the low back on 05/12/14 that revealed a 2-3 mm left central protrusion with partial annular tear which mildly flattened the anterior thecal sac slightly effacing the left S1 building nerve root in the left lateral recess without nerve root displacement; MRI of the right shoulder on 6/11/14 that revealed full thickness defect of supraspinatus, partial thickness tearing of the remainder of the supraspinatus extending into the infraspinatus and mild acromioclavicular osteoarthritis and X-ray of the low back on 4/21/14 that was normal. Diagnostic imaging reports were not specified in the records provided. The patient's surgical history includes left knee surgery. Any operative/ or procedure note was not specified in the records provided He has had a urine drug toxicology report on 8/04/14 that was negative. The patient has received 24 physical therapy visits and 6 acupuncture visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114 and 116.

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

**Decision rationale:** According the cited guidelines, electrical stimulation (TENS), is "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, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)." According the cited guidelines, Criteria for the use of TENS is "- There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. Any evidence of neuropathic pain, CRPS I and CRPS II was not specified in the records provided. Physical examination revealed she can arose from seated to standing without difficulty and normal gait and normal sensory and motor examination. The patient has received 24 physical therapy visits and 6 acupuncture visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. In addition a treatment plan including the specific short- and long-term goals of treatment with the TENS unit was not specified in the records provided. The records provided did not specify any recent physical therapy with active PT modalities or a plan to use TENS as an adjunct to a program of evidence-based functional restoration. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse was not specified in the records provided. The request for TENS unit is not fully established for this patient.