

<b>Case Number:</b>	CM14-0172130		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	09/18/2008
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 65-year-old male who reported an industrial injury to the neck and left shoulder on 9/18/2008, over six (6) years ago, attributed to the performance of his usual and customary job duties. The patient was noted to have undergone an anterior cervical discectomy and fusion at C3-C4, C4-C5, and C5-C6 on 2/6/2014. The patient was noted to have a left-sided C5 weakness postoperatively. The patient is made slow progress with post-operative physical therapy. The patient complains of significant net pain with moderate to severe radiation into the left upper extremity with hand dysesthesias. The objective finding on examination included decreased sensation to light touch in the left upper extremity; atrophy of the deltoid and biceps; loss of active abduction and elevation to the shoulder; strength in the shoulders only 2/5. The electrodiagnostic studies dated 9/19/2014 documented evidence of a chronic C6 nerve root irritation on the right and chronic C5, C6, C7 nerve root irritation on the left. The treatment plan included the purchase of a two lead TENS unit directed to the treatment of the neck and shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit Two Lead:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 300; 203, Chronic Pain Treatment Guidelines TENS unit chronic pain Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter--TENS unit; Pain Chapter--TENS unit

**Decision rationale:** The requesting provider did not provide subjective/objective evidence to support the medical necessity of the TENS Unit or the electronic muscle stimulator for the treatment of the postoperative cervical spine and left shoulder. The ACOEM Guidelines do not recommend the use of TENS Units for neck, shoulder, elbow, or wrist as there is no objective evidence available to support their use. The use of the TENS unit for the treatment for the neck and shoulder is not recommended by the California MTUS or the ACOEM Guidelines. A TENS unit is recommended for 30-days postoperative to help with rehabilitation; however, the patient is over nine months postoperative. There is no objective evidence provided to support the medical necessity of the requested TENS Unit or electric muscle stimulator for the treatment of the cervical spine/left shoulder for the effects of the industrial injury or postoperative rehabilitation. The TENS unit is directed to chronic left shoulder and cervical spine pain issues. The patient was noted to have used a TENS unit during physical therapy rehabilitation; however, there was no documented functional improvement with the use of the tens unit and no demonstrated reduction in the use of medications for the post-operative neck and left shoulder. There was no objective evidence to justify the continued use of the tens unit in the treatment plan for this patient. The California MTUS and the Official Disability Guidelines only recommends the use of the TENS unit for chronic lower back pain with a demonstrated exercise program for conditioning and strengthening. The TENS Unit is recommended for only chronic intractable pain. There was no provided documentation that the patient was participating in a self-directed home exercise program. The ACOEM Guidelines revised back chapter 4/07/08 does recommend the use of the TENS Unit for the treatment of chronic lower back pain; however, it must be as an adjunct to a functional rehabilitation program and ongoing exercise program. The California MTUS only recommend the use of the TENS unit for chronic lower back pain with a demonstrated exercise program for conditioning and strengthening. There are no recommendations for the use of the TENS Unit in the treatment of the postoperative cervical spine her left shoulder. There is no objective evidence provided by the requesting provider that the same results cannot be achieved with a home exercise program established for functional rehabilitation with strengthening and conditioning directed to the hand. There is no demonstrated medical necessity for the provision of a TENS for the rehabilitation of the shoulder for years after the date of surgery for the reported chronic neck and shoulder pain status post cervical spine fusion. Therefore, this request is not medically necessary.