

<b>Case Number:</b>	CM14-0179377		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 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 45-year-old male who has submitted a claim for cervical degenerative disc disease, low back pain, shoulder joint pain, myofascial pain syndrome, cervical radiculopathy, and depression associated with an industrial injury date of 3/30/2012. Medical records from 2014 were reviewed. The patient complained of pain at the right shoulder, neck, and low back rated 6/10 in severity. Numbness was noted at right upper extremity. Physical examination showed tenderness and spasm of the paracervical and paralumbar muscles. There was hypertonicity of right trapezius muscle. Treatment to date has included acupuncture, physical therapy, use of a TENS unit (since 2012), and medications. The present request for TENS patch is to decrease pain and to increase functionality. The utilization review from 10/15/2014 denied the request for retro TENS patch x 4 pairs because it was not recommended as a stand-alone modality but to be used in conjunction with physical therapy and home exercise program on a continuous basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro TENS Patch x 4 pairs:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114, 116.

**Decision rationale:** As stated on page 114 of CA 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. In this case, the patient complained of pain at the right shoulder, neck, and low back rated 6/10 in severity. Numbness was noted at right upper extremity. Physical examination showed tenderness and spasm of the paracervical and paralumbar muscles. There was hypertonicity of right trapezius muscle. Symptoms persisted despite physical therapy, acupuncture, and medications prompting use of a TENS unit since 2012. However, there was no documentation concerning pain relief and functional improvement derived from its use. Moreover, there was no evidence that the patient was still continuing his home exercise program as TENS cannot be used as a solitary mode of treatment. The guideline criteria were not met. Therefore, the request for retro TENS patch x 4 pairs was not medically necessary.