

<b>Case Number:</b>	CM14-0030746		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/14/2013
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 51 year old female injured worker with date of injury 3/14/13 with related neck, low back, and right shoulder pain. Per 4/29/14 progress report her low back pain radiated into the right leg. There was numbness and tingling in the right foot. Her diagnoses include neck and right upper extremity contusions, cervical pain, and lumbosacral pain. MRI of the cervical spine showed no disc bulging, but straightening of the curve. MRI of the lumbosacral spine showed 2mm disc bulge and evidence of spondylosis. MRI of the right shoulder showed a partial thickness rotator cuff tear, impingement syndrome, and bursitis. She has been treated with injections, physical therapy, and medication management. The date of UR decision was 2/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT FOR HOME USE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based

TENS trial used as an adjunct to a program of evidence-based functional restoration. Furthermore, criteria for the use of TENS includes pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function. The documentation submitted for review indicate that the injured worker has used a home TENS unit and noted that it was helpful in relieving some pain. However, there was no documentation regarding outcomes in terms of pain relief and function. Without such documentation, medical necessity cannot be affirmed.