

<b>Case Number:</b>	CM14-0045394		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/12/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 injured worker is a 67-year-old female who reported an injury on 06/12/2011. The mechanism of injury was not provided. Prior treatments included physical therapy, medications, and acupuncture. The documentation of 03/11/2014 revealed there was a request for a TENS unit. The documentation of 02/21/2014 revealed the injured worker had low back pain, cervical pain, and thoracic pain, as well as left shoulder pain. The documentation indicated the injured worker had objective findings of tenderness in the lumbar and cervical spine. There were spasms of the lumbar paraspinal musculature and cervical trapezius/cervical paraspinal musculature, less pronounced. The diagnoses included rule out lumbar disc injury, rule out lumbar radiculopathy, protrusion C5-6 and C6-7 and left shoulder impingement. The treatment plan included awaiting a response for reconsideration of an MRI of the lumbar spine, awaiting a response for physical therapy, continue with the request for neurological consultation, continue lumbar spine orthosis, continue request for TENS unit as it was noted to be efficacious previously at physical therapy. Additionally, the treatment plan included medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One month trial of TENS unit for the cervical and lumbar spine and left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-115, 116.

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

**Decision rationale:** The California MTUS Guidelines recommend a 1 month trial of a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been trialed and failed including medications. The clinical documentation submitted for review indicated the injured worker had utilized a TENS unit in physical therapy. However, there was lack of documentation indicating the injured worker would be utilizing the TENS unit as an adjunct to physical therapy. There was a lack of documentation of objective functional benefit that was received from the use of the unit. Given the above, the request for a 1 month trial of a TENS unit for the cervical and lumbar spine and left shoulder is not medically necessary.