

<b>Case Number:</b>	CM14-0070076		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	05/19/2006
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Practice, 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:

56 year old female claimant sustained a work-related injury on May 19, 2006 involving the left shoulder and neck. A previous cervical spine CT showed facet hypertrophy and as well as the canal narrowing. She was diagnosed with left shoulder impingement syndrome. She has also undergone a Cervical Spine Fusion at C6 - C7 with bone grafting compression plate. Progresses note on April 9, 2014 documented the claimant had residual neuropathic pain. Exam findings were notable for reduced range of motion in the cervical spine, paraspinal spasms, and subacromial tenderness of the left shoulder. The treating physician recommended continuation Oral and Topical Analgesics, Exercise as well as the use of a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit and supplies (rental or purchase):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit and pg.

**Decision rationale:** According to the MTUS Guidelines, TENS unit maybe tried for a month for the following conditions: neuropathic pain including diabetic neuropathy and post-therapeutic neuralgia, phantom limb pain, chronic regional pain syndrome, spasticity and multiple sclerosis. It may be used for a trial for acute postoperative pain as well. In this case, the claimant did not have the above diagnoses. There was no treatment plan provided for short and long-term goals. The request for a TENS unit rental or purchase is not medically necessary.