

<b>Case Number:</b>	CM14-0194936		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Internal 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:

Injured worker is a 40 year old female with date of injury 2/21/13. The diagnosis is cervical spine disc herniation at C6-7 with radiculopathy to the right upper extremity in C6-7 distribution, Right shoulder impingement with large superior labral tear and para labral cyst noted on MRI, right wrist mild carpal tunnel syndrome. Past medical treatment includes epidural injection 12/2013 with temporary pain relief, conservative treatment including PT and subacromial injection. MD office visit note dated 10/13/14 states pain location is at neck and shoulder and is described as aching. This request is for a TENS unit. The request for right shoulder arthroscopy, subacromial decompression, mini-mumford and labral decompression previously noncertified. MRI dated 3/27/13 of right shoulder reveals tear of the superior labrum with a small para labral cyst without tear of attachment of the tendon for long head of biceps. CA MTUS Chronic pain guidelines does not support use of a TENS unit for primary treatment modality.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit:** Upheld

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

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

**Decision rationale:** Criteria for the use of TENS includes chronic intractable pain of at least three months duration when there has evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The request is not reasonable as there is no indication that TENS is to be used as an adjunct to other modalities or that medication has failed. The request is not medically necessary.