

<b>Case Number:</b>	CM14-0205977		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	09/15/2009
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 44 year old female who was injured at work on 09/15/2009. The 10/15/2014 office visit note reported she complained of 6/10 pain in the neck right shoulder, right elbow, right wrist, right hand, and bilateral hips. The right shoulder pain radiates down to the right upper extremities, while the lower back pain radiates to the lower extremities. The pain is associated with numbness, tingling, and weakness in the right arm and hand. The physical examination revealed limited range of motion of the cervical spine, pain on neck extension, positive facet loading, limited range of motion of the lumbar spine, and tenderness of the lumbar muscles, as well as positive lumbar facet loading. The sensory examination was normal. The worker has been diagnosed of right shoulder pain, cervical facet syndrome, cervical strain, bilateral sacroiliac pain, and lumbar facet syndrome. She had several sessions of physical therapy in 2009 and 2010, but these did not help. Later in 2012, she had a qualified medical evaluation, but the recommended treatments were denied. This was followed on 03/26/14 by an Agreed Medical Evaluation when she was recommended for steroid injections of the right shoulder. She received the shoulder injection, but without benefit. Other treatments have included gabapentin, Seroquel, Lyrica, skelaxin, and Celebrex. At dispute is the request for 1 Trial of Transcutaneous Electrical Nerve Stimulations (TENS).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Trial of Transcutaneous Electrical Nerve Stimulations (TENS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 14.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

**Decision rationale:** The injured worker sustained a work related injury on 09/15/2009. The medical records provided indicate the diagnosis of right shoulder pain, cervical facet syndrome, cervical strain, bilateral sacroiliac pain, and lumbar facet syndrome. The medical records provided for review do not indicate a medical necessity for 1 Trial of Transcutaneous Electrical Nerve Stimulations (TENS). The MTUS recommends that the request for TENS unit should be accompanied by a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. Also, the MTUS recommends a documentation of failed treatment with other forms of treatment, including medications, before initiating TENS unit trial. Although the records indicate the injured worker failed treatment with physical therapy and steroid injections of the right shoulder and had adverse response to steroids, the records did not indicate failed treatment with other first line pain medications like antidepressants and antiepileptics. Also, there was no documentation of treatment plan with the TENS unit. Therefore, the requested treatment is not medically necessary and appropriate.