

<b>Case Number:</b>	CM15-0103194		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	01/04/2010
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California  
Certification(s)/Specialty: Emergency Medicine

### 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 61 year old female who sustained an industrial injury on 01/04/2010. Current diagnoses include impingement syndrome left shoulder, cervical radiculitis, and improved triggering left middle finger. Previous treatments included medications, physical therapy, injection, TENS unit, and home exercise program. Report dated 04/16/2015 noted that the injured worker presented with complaints that included increased neck pain with headaches with radiation to the low back. Pain level was 5 out of 10 on a visual analog scale (VAS). Physical examination was positive for spasms in the cervical spine, facet tenderness, C7 radiculopathy, tenderness over the cervicotrpezial ridge, positive impingement in the bilateral shoulders with painful range of motion, and tenderness in the acromioclavicular joint. The treatment plan included re-requesting left shoulder open decompression, only receiving Tylenol at this time for medication, continue with home exercise program and TENS unit, recheck in two months, request for TENS supplies, and request for physical therapy. Disputed treatments include TENS unit supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit supplies:** Upheld

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

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

**Decision rationale:** The requested TENS unit supplies, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." The injured worker has increased neck pain with headaches with radiation to the low back. Pain level was 5 out of 10 on a visual analog scale (VAS). Physical examination was positive for spasms in the cervical spine, facet tenderness, C7 radiculopathy, tenderness over the cervicotrachezial ridge, positive impingement in the bilateral shoulders with painful range of motion, and tenderness in the acromioclavicular joint. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, TENS unit supplies is not medically necessary.