

<b>Case Number:</b>	CM15-0135177		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	04/18/2015
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 60 year old male who sustained an industrial injury on 4/18/15. He had complaints of neck, left shoulder and left arm pain with hand numbness and tingling, diagnosed with neck sprain. Treatments include: medications, physical therapy and chiropractic care. Progress note dated 6/29/15 reports continued complaints of neck and left shoulder pain. Diagnoses include: left shoulder impingement, C-spine disc protrusion, C-spine retrolisthesis C4-5. Plan of care includes: medications for pain, HEP TENS treatment and 6 acupuncture treatments. Work status: modified duty; 6/29/15 to 7/29/15 no lifting greater than 20 pounds, no heavy or repetitive pushing or pulling greater than 20 pounds and no repetitive work at or above left shoulder and may work up to 8 hours per day 40 hours per week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS (transcutaneous electrical nerve stimulation) unit, purchase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

**Decision rationale:** Transcutaneous electrical nerve stimulation (TENS) applies electricity to the surface of the skin to improve pain control. The MTUS Guidelines support its use in managing some types of chronic pain and in acute pain after surgery. TENS is recommended as a part of a program of evidence-based functional restoration for specific types of neuropathic pain, spasticity with spinal cord injuries, and multiple sclerosis-related pain and/or muscle spasm. The documentation must demonstrate the pain was present for at least three months, other appropriate pain treatments were unable to properly manage the symptoms, a one-month trial showed improvement, the ongoing pain treatments used during the trial, and the short- and long-term goals of TENS therapy. The Guidelines also support the use of TENS for pain management during the first thirty days after surgery. The documentation must include the proposed necessity for this treatment modality. A TENS unit rental for thirty days is preferred to purchase in this situation. There was no discussion indicating the worker's pain was neuropathic, suggesting the one-month TENS trial would be part of a functional restoration program, or describing short- and long-term therapy goals. In the absence of such evidence, the current request for the purchase of a transcutaneous electrical nerve stimulation (TENS) unit is not medically necessary.