

<b>Case Number:</b>	CM15-0146917		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	07/27/2004
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 64 year old female, who sustained an industrial injury on 7-27-04. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical spinal stenosis; shoulder strain; rotator cuff syndrome; bursitis; bicipital tenosynovitis. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 6-30-15 indicated the injured worker complains of both shoulders have pain and numbness to the arms. She describes her pain as cramping, tingling, and severe and rates her pain as 8 out of 10 in the past week. She reports the pain occurs frequently lasting two-thirds of the day and is exacerbated by lifting and carrying. It is relieved by medications and resting. The provider lists her medications as Terocin Lotion, Tylenol Ex-strength, Gralise ER, Tizanidine HCL, Tramadol HCL ER, Lunesta, Benicar, Bystolic, Lotrel, Tekturna, Atorvastatin and Hydrochlorothiazide. On physical examination the provider documents trigger point palpated in the upper trapezius mid-trapezius splenius capitus on the right and lumbosacral region bilaterally. Her range of motion for the shoulders is forward flexion left is 90 degrees and right is 90 degrees, abduction is left 80 and right 80 degrees. She has mild motor strength testing of the bilateral elbows, hips, knees and ankles. Sensation to light touch is intact in the dermatomes C6-C8 bilaterally and L3-S1 bilaterally. There is noted decreased sensation to light touch noted in the L5-S1 dermatomes bilaterally. Special tests for elbows, hands and wrists noted Tinel's sign at the wrist is positive on the right and McMurray's test is negative for the knees. In his treatment plan the provider is discontinuing Gralise, Lotrel and Tekturna, Terocin Lotion and Tizanidine. He is requesting a TENS unit to target the musculature of the shoulder region to reduce inflammation and improve circulation to reduce strain and restricted range of motion. The provider is requesting authorization of Transcutaneous electrical nerve stimulation (TENS) unit.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Transcutaneous electrical nerve stimulation (TENS) unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 114-117 of 127.

**Decision rationale:** Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is 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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, there is no indication that the patient has undergone a one-month TENS unit trial and, unfortunately, there is no provision for modification of the request to allow for a trial. In light of the above issues, the currently requested TENS unit is not medically necessary.