

<b>Case Number:</b>	CM15-0147891		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Physical Medicine & Rehabilitation

### 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 51 year old male who sustained an industrial injury on 8-13-13. In a progress note dated 6-9-15, the treating physician reports the initial injury to the right shoulder was in 2013. He has nearly 2 years of conservative and operative treatment with very little benefit. Diagnoses are cervical and lumbar degenerative change, right shoulder pain, with multiple surgeries, and left knee pain. Current medication is Norco. In a progress report dated 7-16-15, the primary treating physician notes an antalgic gait and he walks with a cane. He has moderate difficulty transferring from the chair to standing and from standing to the exam table. Spinal range of motion is not full and is hindered secondary to pain. Sensation is decreased to light touch in the bilateral upper and lower extremities in a nondermatomal pattern. It is noted his symptoms have plateaued and he has reached a state of Maximum Medical Improvement. In an initial orthopedic panel qualified medical examination dated 1-9-15, the physician notes the injured worker is currently using a transcutaneous electrical nerve stimulation unit, medication, ice, heat, and a cane to help alleviate pain. Work status is with restrictions. The requested treatment is a TENS (transcutaneous electrical nerve stimulation) Unit and supplies.

### 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 and Supplies:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

**Decision rationale:** Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive physical therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, whether this is for rental or purchase, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the treatment already rendered. The TENS (transcutaneous electrical nerve stimulation) Unit and Supplies is not medically necessary and appropriate.