

<b>Case Number:</b>	CM15-0164025		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	06/04/2012
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Texas, Illinois  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 48 year old female, who sustained an industrial injury on 6-4-2012. Diagnoses have included discogenic cervical condition, impingement syndrome of the shoulder on the right, wrist joint inflammation on the right and left, stenosing tenosynovitis along the first extensor on the right, rotator cuff strain on the left and discogenic lumbar condition. Treatment to date has included a Functional Restoration Program, psychotherapy, 2 lead transcutaneous electrical nerve stimulation (TENS) unit and medication. According to the progress report dated 6-30-2015, the injured worker complained of pain in her neck, right shoulder and low back. She also complained of headaches and dizziness. She complained of spasms in her back and shooting pain down both lower extremities. Objective findings revealed tenderness along the lumbosacral area. There was tenderness along the rotator cuff as well as the facets of the neck to the right of the midline with positive facet loading. There was tenderness along the trapezius. Impingement sign was positive. Authorization was requested for 4 lead transcutaneous electrical nerve stimulation (TENS)-conductive garment rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME 4 Lead TENS/Conductive Garment Rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116-118.

**Decision rationale:** The injured worker sustained a work related injury on 6-4-2012. The medical records provided indicate the diagnosis of discogenic cervical condition, impingement syndrome of the shoulder on the right, wrist joint inflammation on the right and left, stenosing tenosynovitis along the first extensor on the right, rotator cuff strain on the left and discogenic lumbar condition. The medical records provided for review do not indicate a medical necessity for DME 4 Lead TENS/Conductive Garment Rental. The MTUS guidelines for the use of TENS unit recommends a 30 day rental of TENS unit as an adjunct to evidence based functional restoration following three months of ongoing pain and lack of benefit with other modalities of treatment. During this period, there must be a documentation of short and long term goals, the benefit derived from the equipment, as well as a documentation of how the machine was used. Also, the guideline recommends the use of two electrode unit rather than the four electrodes. TENS unit has been found useful in the treatment of Neuropathic pain;; Phantom limb pain and CRPS II; and Spasticity. The MTUS does not recommend the use of 4-lead TENS unit without a documentation explaining why 4-Leads is needed rather than 2-two leads. The medical records reviewed did not provide any explanation on why 4 lead electrodes are needed rather than 2-lead. Also, there was no documentation of the outcome of the 2-lead electrode TENS unit the injured worker was using prior to this time, therefore is not medically necessary.