

<b>Case Number:</b>	CM15-0184830		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	12/16/2005
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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 53 year old female who sustained an industrial injury 12-16-05. A review of the medical records reveals the injured worker is undergoing treatment for complex regional pain syndrome, cervical spondylosis, and adhesive capsulitis of the shoulder. Medical records reveal the injured worker complains of neck pain rated at 6-8/10. She manages her pain with a TENS unit and Lidoderm patches, no oral medications. The physical exam reveals active range of motion of the cervical spine is limited. Right shoulder is positive for Neer, Hawkins, supraspinatus test and apprehension. Prior treatment includes medications and a TENS unit. The treating provider reports the right shoulder MRI (10-12-12) shows tendinopathy of the supraspinatus tendon with apparent tear and degeneration of the tissues at the level of the rotator interval, minimal superior humeral head subluxation, and small amount of fluid noted in both glenohumeral and subacromial-subdeltoid bursa. The original utilization review (09-14-15) non-certified the request for TENS unit 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 supplies:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The patient was injured on 12/16/08 and presents with neck pain. The request is for a TENS (transcutaneous electrical nerve stimulation) unit supplies. There is no RFA provided and the patient is working full time. MTUS Guidelines, Transcutaneous Electrotherapy section, page 116 states that TENS unit have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with the documentation of functional improvement, additional usage maybe indicated. The patient has a limited cervical spine range of motion, and a positive sign for Neer, Hawkins, supraspinatus test and apprehension for the right shoulder. She is diagnosed with complex regional pain syndrome, cervical spondylosis, and adhesive capsulitis of the shoulder. The 08/07/15 report states that "she is running out of TENS unit supplies and is requesting for replacement of the supplies." Although the patient has had prior use of the TENS unit, there is no evidence of a one month trial as indicated by MTUS guidelines. There is no discussion provided regarding how the prior TENS use impacted the patient's pain and function. Therefore, the requested TENS unit IS NOT medically necessary.