

<b>Case Number:</b>	CM15-0188377		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	04/17/2009
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Massachusetts

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 61 year old female who sustained an industrial injury on 4-17-09. A review of the medical records indicates she is undergoing treatment for right shoulder impingement, lateral epicondylitis, and cervical nucleus pulposus. Medical records (4-2-14 to 9-8-15) indicate continued pain and discomfort of the right shoulder with muscle tightness and pain with range of motion. The physical exam (8-25-15) reveals positive Spurling's test and decreased range of motion in the cervical spine. Spasms are noted in the trapezius and rhomboid muscles. The right shoulder has positive impingement test. Diagnostic studies have included an MRI of the cervical spine. Treatment has included physical therapy and medications. Treatment recommendations are for acupuncture, a TENS unit, and medications. The utilization review (9-17-15) includes a request for authorization for a TENS unit for the cervical spine. The request was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Two Lead Unit for Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The claimant sustained a work injury in April 2009 and is being treated for neck and right shoulder and elbow pain. When seen, there was continued pain and discomfort with decreased activities of daily living and limited range of motion. Physical examination findings included positive Spurling's testing with decreased cervical and right shoulder range of motion. There was pain with shoulder rim and positive impingement testing. There was trapezius and rhomboid muscle spasms. Soma and Voltaren gel were prescribed. Authorization for acupuncture and a TENS unit were requested. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of a TENS unit. Providing a unit for indefinite use is not medically necessary.