

<b>Case Number:</b>	CM15-0197265		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	11/14/2014
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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, Florida, California

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 55 year old male, who sustained an industrial injury on November 14, 2014. He reported severe, immediate pain after being pinned between a filing cabinet and a door, striking the anterior portion of his shoulder. The injured worker was currently diagnosed as having left shoulder strain, status post left shoulder surgery from July-2015 incompletely recovered, and status post left shoulder in the remote past, left upper extremity neuropathic pain and chronic pain syndrome. Treatment to date has included surgery, physical therapy and medication. On September 4, 2015, the injured worker complained of severe pain. The treatment plan included a Transcutaneous Electrical Nerve Stimulation (TENS) unit purchase. On September 16, 2015, the injured worker complained of left shoulder pain rated as an 8 on a 1-10 pain scale. The pain was described as burning, constant, numbing, tingling, dull, shooting, throbbing, cramping and deep. The treatment plan included ongoing pain management for medication management, cognitive behavioral therapy, and trial of Pamelor, Oxycontin, Oxycodone and chronic pain counseling. On September 24, 2015, utilization review denied a request for purchase of TENS unit. A request for one-month home-based TENS trial was authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of TENS unit:** 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:** Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) page 116 of 127. The MTUS notes that 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, for the conditions described below: Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had these conditions that warranted TENS. Also, an outright purchase is not supported, but a monitored one month trial, to insure there is objective, functional improvement. In the trial, there must be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. There was no evidence of such in these records. The request is appropriately non-certified nor is it necessary.