

<b>Case Number:</b>	CM15-0205169		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	09/01/2010
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 49 year old male who sustained an industrial injury on 09-01-2010. Medical records indicated the worker was treated for pain in the shoulder, knee and neck. In the provider notes of 07-28-2015, the injured worker complains of a deep aching neck pain radiating to bilateral shoulder blades with upper and mid back pain. The worker is status post left knee reconstruction 04-05-2015, and post left shoulder steroid injection that gave benefit for 2 weeks. His last MRI (04-18-2011) revealed a central annular tear at C2-3, C3-4, C4-5 disc levels with a small central contained herniation at C5-6 and C6-7 disc level, and moderate to marked left sided foraminal encroachment at C3-4 level, question left C4 radiculopathy. His cervical range of motion is 80% of expected with limitations in extension and lateral bending. The treatment plan was for a Cervical pillow and a TENS unit with follow up with a specialist for persistent C-spine pain and MRI review. The worker plans to retire on 10-20-2015. A request for authorization was submitted for a cervical pillow for the neck and transcutaneous electrical nerve stimulation (TENS) unit for the left knee, left shoulder, neck, and back. A utilization review decision 10-14- 2015 authorized the Cervical pillow and non-authorized the TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transcutaneous electrical nerve stimulation (TENS) unit for the left knee, left shoulder, neck, and back: Upheld**

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

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

**Decision rationale:** According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses and location of applications is not only spinal. Applications details were not specified. The length of use was not specified. The request for a TENS unit is not medically necessary.