

<b>Case Number:</b>	CM15-0225037		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	07/17/2014
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2015

### 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, 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 33 year old male, who sustained an industrial injury on 7-17-2014. The injured worker is undergoing treatment for: injury of the brachial plexus, chronic pain syndrome of right upper limb, shoulder joint pain. On 10-7-15, he is noted as being seen for TENS unit trial. He rated right shoulder pain 6 out of 10. On 10-16-15, he reported right shoulder pain rated 8 out of 10. He indicated use of TENS unit 3-4 times daily for 10-20 minutes at a time and noted increased range of motion with activities of daily living. On 10-27-15, he reported right shoulder pain with associated numbness and tingling in the right upper extremity. He rated the pain 8 out of 10 and indicated it increased to 9 out of 10 with overhead reaching. He also reported muscle spasms in the right bicep. Objective findings revealed tenderness over the right shoulder and spasm noted in the right biceps. The treatment and diagnostic testing to date has included: right shoulder cortisone injection (date unclear), medications, TENS unit. Medications have included: Lyrica, Lunesta and gabapentin. Current work status: temporary total disability. The request for authorization is for: TENS unit for home treatment. The UR dated 10-15-2015: non-certified the request for TENS unit for home treatment. The patient's surgical history includes left knee surgery in 1997. The patient has had MRI of the cervical spine on 9/18/14 that revealed disc protrusions, and hemangioma; MRI of the right shoulder on 7/18/14 that revealed calcification of tendon; EMG of upper extremity revealed mild brachial Plexopathy. The patient had used a TENS unit for this injury. The patient had received an unspecified number of acupuncture and PT visits for this injury.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit for home treatment:** 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:** Request: TENS unit for home treatment. According the cited guidelines, electrical stimulation (TENS), is not recommended as a primary treatment modality. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. According the cited guidelines, Criteria for the use of TENS is "There is evidence that other appropriate pain modalities have been tried (including medication) and failed." A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. Evidence of neuropathic pain, CRPS I and CRPS II was not specified in the records provided. The patient has received an unspecified number of PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. In addition a treatment plan including the specific short and long-term goals of treatment with the TENS unit was not specified in the records provided. The records provided did not specify any recent physical therapy with active PT modalities or a plan to use TENS as an adjunct to a program of evidence-based functional restoration. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The request for TENS unit for home treatment is not medically necessary.