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| <b>Case Number:</b>   | CM15-0041479 |                              |            |
| <b>Date Assigned:</b> | 03/11/2015   | <b>Date of Injury:</b>       | 10/20/2013 |
| <b>Decision Date:</b> | 04/14/2015   | <b>UR Denial Date:</b>       | 02/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/04/2015 |

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 41 year old female who sustained an industrial injury on 10/20/2013. Diagnoses include chronic lumbar strain, and right shoulder/upper limb girdle myofascial strain. Treatment to date has included physical therapy, chiropractic sessions, acupuncture, TENS unit and medications. A physician progress note dated 01/12/2015 documents the injured worker continues with lumbar spine, right shoulder and right hand pain. Lumbar pain is rated 4 out of 10 and is improving. Right shoulder pain is rated at 3 out of 10, which is intermittent and improving. There is no pain in the right hand. She takes Motrin for her pain, which helps her pain. There was tenderness to palpation in the lumbar spine, and right shoulder, and has she has full range of motion in both the lumbar spine and right shoulder. Current treatment request is for TENS unit trial x 30 days for lumbar spine and right shoulder. She will continue on her current medication and include Motrin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit trial x 30 days for lumbar spine and right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 203, 300.

**Decision rationale:** The patient is a 41 year old female with an injury on 10/20/2013. She had right shoulder and low back pain. She has been treated with a TENS unit, chiropractic manipulations, physical therapy and medication and continues to have shoulder and back pain. She has full range of motion. MTUS, ACOEM guidelines note that for shoulder complaints (page 203) and for low back complaints (page 300), there are no high grade clinical trials to support the use of a TENS unit; it is not an ACOEM recommended treatment and is not medically necessary for this patient.