

<b>Case Number:</b>	CM15-0042486		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	09/23/2010
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 43 year old female, who sustained an industrial injury on 9/23/2010. The diagnoses have included shoulder pain, spinal/lumbar degenerative disc disease and low back pain. Treatment to date has included rotator cuff repair surgery 11/13/2013 and medication. According to the progress report dated 2/12/2015, the injured worker complained of lower backache and bilateral shoulder pain. She rated her pain without medications as 1/10. Quality of sleep was poor. Her activity level had increased. Exam of the bilateral shoulders revealed tenderness to palpation over the left acromioclavicular joint. Exam of the lumbar spine revealed spasms and tenderness to palpation over the right lumbar paramedian musculature. The physician discussion noted that the injured worker had returned to her regular home exercise program workouts and was not currently using any medication. The treatment plan included a replacement Transcutaneous Electrical Nerve Stimulation (TENS) unit as the injured worker reported the current one as non-functioning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Replacement TENS Unit with Supplies Twice Daily at 30-60 Mins Per Treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 114-116.

**Decision rationale:** The patient was injured on 09/23/10 and presents with low backache and bilateral shoulder pain. The request is for a Replacement Tens Unit with Supplies Twice Daily at 30-60 Mins Per Treatment to address pain complaints and avoid medication escalation. The RFA is dated 02/12/15 and the patient's work status is not provided. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with the documentation of functional improvement, additional usage maybe indicated. The details, history and efficacy of the prior TENS unit are unclear. The MTUS guidelines states TENS can be used for neuropathic pain, but the patient's current presentation appears to be related to nociceptive pain from rotator cuff injury and lumbar disc degeneration. Usage of TENS requires documentation of any pain relief, duration of relief, and improved function. It is not clear if the prior TENS provided benefit, or if the patient had a more recent "repeat" trial of TENS. Exam of the bilateral shoulders revealed tenderness to palpation over the left acromioclavicular joint. Exam of the lumbar spine revealed spasms and tenderness to palpation over the right lumbar paramedian musculature. The patient is diagnosed with shoulder pain, spinal/lumbar degenerative disc disease, and low back pain. Treatment to date has included rotator cuff repair surgery 11/13/2013 and medication. The request appears to be for replacement TENS unit, but the patient's current presentation does not meet the MTUS criteria for TENS therapy. Therefore, the request of TENS unit IS NOT medically necessary.