

<b>Case Number:</b>	CM15-0042832		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	08/16/2012
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/10/2015
<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: Utah, Arkansas  
 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 27 year old female, who sustained an industrial injury on 08/16/2012. On provider visit dated 02/03/2015 the injured worker has reported neck pain and left shoulder pain. On examination of cervical spine, decreased range of motion was noted, and tenderness of the paracervical muscles and trapezius. Left shoulder was noted to have a decreased range of motion and tenderness on palpation. The diagnoses have included cervical radiculopathy, shoulder disorder and cervical pain. Treatment to date has included physical therapy, laboratory studies, electromyogram/nerve conduction studies, MRI's and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tens unit with supplies:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit, page(s) 113-115.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for TENS unit. MTUS guidelines state the following: 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 parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several studies have found evidence lacking concerning effectiveness. A one-month trial may be considered for condition of neuropathic pain and CRPS, phantom limb, multiple sclerosis and for the management of spasticity in a spinal cord injury. According to the clinical documentation provided and current MTUS guidelines, a TENS unit with supplies is indicated as a medical necessity to the patient at this time.