

<b>Case Number:</b>	CM15-0052526		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	05/27/1999
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 46 year old male, who sustained an industrial injury on 5/27/99. The injured worker has complaints of shoulder and upper extremity pain. The diagnoses have included pain in joint shoulder; pain in limb and carpal tunnel syndrome. Treatment to date has included trigger point injection back in August 2011; Transcutaneous Electrical Nerve Stimulation (TENS) to help decrease the burning pain by about 30%; right shoulder orthoscopic in 2000; Magnetic Resonance Imaging (MRI) of the cervical spine; electromyogram/nerve conduction study and medications. The request was for refill of Transcutaneous Electrical Nerve Stimulation (TENS) supplies, electrodes and batteries for the next 12 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Refill of TENS unit supplies- electrodes and batteries for next 12 months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

**Decision rationale:** According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no clear information about a positive one month trial of TENS. There is no documentation of functional improvement and reduction in the use of medications with previous use of TENS unit. In addition, there is no recent documentation of recent flare of the patient's pain. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the request for Refill of TENS unit supplies- electrodes and batteries for next 12 months is not medically necessary.