

<b>Case Number:</b>	CM15-0056726		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	12/12/2007
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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, Hawaii

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 54 year old female, who sustained an industrial injury on December 12, 2007. She reported neck and bilateral shoulder pain. The injured worker was diagnosed as having lumbar radiculopathy, low back pain, lumbar disc disorder, shoulder pain, cervical pain and muscle spasm. Treatment to date has included radiographic imaging, diagnostic studies, non-industrial right hip surgery, physical therapy, pain medications, steroid epidural injection and work restrictions. Currently, the injured worker complains of neck, bilateral shoulder pain and bilateral knee pain. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. She reported dizziness with Oxycontin and wished not to take that medication in the future. Evaluation on March 24, 2015, revealed continued pain. It was noted she needed bilateral knee surgical intervention however surgical interventions were deferred secondary to the injured worker taking Coumadin secondary to the development of a blood clot in the leg. A TENS unit for pain control was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment (DME) transcutaneous electrical nerve stimulation (TENS) unit:** 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), Pain chapter, DME-Tens unit.

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

**Decision rationale:** The IW presents with history of lumbar radiculopathy, shoulder and cervical pain. The CA MTUS recommends TENS after a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. There is no documentation in the records provided of a one month TENS trial or the benefit derived from the TENS. The request is not medically necessary by the CA MTUS and recommendation is for denial.