

<b>Case Number:</b>	CM15-0084982		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	10/04/2010
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: California

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 47 year old male patient who sustained an industrial injury on 10/04/2010. A primary treating office visit dated 04/14/2015 reported the patient with subjective complaint of bilateral neck pain that radiates into the bilateral shoulders, bilateral biceps, bilateral radial forearms and bilateral hands with associated numbness and tingling. Current medications are: Nuvigil, Ambien, Zoloft, Latuda, Xanax, Percocet, and MSER. The patient has a surgical history to include: right shoulder 2009, and bilateral carpal tunnel releases in 2001. Objective findings showed tenderness upon palpation of the right shoulder and of the thoracic and lumbar paraspinal muscles. The impression noted: lumbar radiculopathy; right shoulder derangement, right shoulder surgery 2009; left shoulder pain, central disc protrusion at C5-6, C6- 7; cervical degenerative disc disease; cervical facet joint arthropathy; cervical strain/sprain; central disc protrusions at L4-5 and L5-S1; lumbar facet arthropathy; lumbar strain/sprain; depression; borderline diabetes mellitus, and gallstones. The plan of care involved: pending fluoroscopy guided lumbar transforaminal injection, discontinue Percocet, recommend a transcutaneous nerve stimulator unit, prescribed Oxycodone 10mg, Morphine Sulphate ER, and follow up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit, 30 day trial:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** This patient receives treatment for chronic low back pain, neck pain, shoulder pain, and upper extremity pain. This review addresses a request for a TENS unit for a 30 day trial. TENS may be medically indicated to treat some cases of chronic pain, as long as it is not the primary method of treatment and there is evidence of a one month trial of the TENS unit which shows benefit. TENS is not recommended for all types of chronic pain. TENS has been found to be useful for some cases of CRPS II, neuropathic pain, multiple sclerosis, spasticity from injuries of the spinal cord, and phantom limb pain. The documentation must show evidence that the trial of the TENS unit resulted in functional improvement. This means a clinically significant improvement in the activities of daily living, a decrease in work restrictions, and a decrease in dependency on continued medical management, including requests for analgesia. This clinical data should be objective, quantifiable, and stated in the history and physical exam portion of the medical documentation. The treating physician's treatment plan needs to include the short-term and long-term treatment goals of the TENS unit. It should be noted that this patient had a TENS trial in 2010 and, in addition, the patient is scheduled to receive a fluoroscopically guided transforaminal lumbar injection. Given this treatment plan, it is prudent to wait for this injection to occur and then re-evaluate the patient before an additional approval for TENS is granted. TENS is not medically necessary.