

<b>Case Number:</b>	CM14-0112343		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/16/2012
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 66-year-old male with a 8/16/12 date of injury. At the time (7/9/14) of request for authorization for TENS unit trial, there is documentation of subjective (right shoulder pain), and objective (decreased right shoulder range of motion due to pain, decreased cervical spine range of motion due to pain, positive Spurling, positive right shoulder impingement, and tenderness at the cervical paraspinals and right shoulder)) findings. The current diagnoses is C5-6 and C6-7 degenerate disc disease with central canal and neuroforaminal stenosis, chronic cervicgia with radicular pain, and right shoulder rotator cuff tear with chronic pain. Treatment to date is medications, activity modification, home exercise program, epidural steroid injection, and physical therapy. There is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit Trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for TENS for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. Within the medical information available for review, there is documentation of diagnoses of C5-6 and C6-7 degenerate disc disease with central canal and neuroforaminal stenosis, chronic cervicgia with radicular pain, and right shoulder rotator cuff tear with chronic pain. In addition, there is documentation of pain of at least three months duration, and evidence that other appropriate pain modalities have been tried (including medication) and failed. However, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS. Therefore, based on guidelines and a review of the evidence, the request for TENS unit trial is not medically necessary.