

<b>Case Number:</b>	CM14-0138738		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	11/07/2007
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Occupational Medicine 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:

There were 34 pages provided for review. The request for independent medical review was signed on August 18, 2014. The request was for a TENS unit through [REDACTED]. 12 sessions of chiropractic care was also a service that was modified or denied. Per the records provided, the claimant was described as a 59-year-old female injured back in the year 2007. An exam done on July 2, 2014 noted there was definite improvement in her upper extremities from therapy. There was positive bilateral shoulder impingement testing and tenderness to the trapezius, bilateral anterior rotator cuff, acromioclavicular joint and bicipital region. Documentation noted an MRI from June 19, 2014 which showed a right shoulder rotator cuff tendinitis, impingement and acromioclavicular joint osteoarthritis. The provider discussed a variety of treatment options with the patient and requested authorization for a TENS unit and chiropractic care. The provider noted that the patient is capable of modified work, however modified work is not available she will be temporarily totally disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit (through [REDACTED] between 7/17/2014 and 10/21/2014:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116 of 127.

**Decision rationale:** The MTUS notes that TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had these conditions. Also, an outright purchase is not supported, but a monitored one month trial, to insure there is objective, functional improvement. In the trial, there must be 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 was no evidence of such in these records. For the above reasons, the request for the unit is appropriately non-certified.