

<b>Case Number:</b>	CM14-0146856		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/17/2013
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

The patient is a 63 year old female with a work injury dated 3/17/13. The diagnoses include discogenic cervical condition with facet inflammation; bilateral shoulder impingement with full-thickness rotator cuff tear of left shoulder per MRI of August 12, 2013; discogenic thoracic and lumbar condition with facet inflammation. Under consideration is a request for retrospective request of transcutaneous electrical nerve stimulation (TENS), 2-lead dispensed on 03/07/2014 for the cervical spine. There is a primary treating physician report dated 2/6/14 that states that the patient complains of neck, bilateral shoulder and low back pain. The document states that she does not perform any exercises at home. She reports no use of a gym ball or exercise bands. She does not apply heat or ice. She does use TENS unit. On exam of neck and upper extremities there is decreased cervical range of motion. At the shoulders, shoulder abduction 120 degrees and flexion 125 degrees bilaterally, external rotation 90 degrees on the right and 70 degrees on the left with discomfort on the left, internal rotation 65 degrees on the right and 50 degrees on the left with discomfort on the left, and extension 25 degrees bilaterally. At the elbows, 180 degrees of extension bilaterally and flexion is to 145 degrees bilaterally. The patient can reach fingertips to the shoulders. Supination is 70 degrees and pronation 65 degrees bilaterally. Wrist extension is 50 degrees and flexion 60 degrees bilaterally. The patient is able to make a full fist. On evaluation of strength, the patient has grade 5/5 strength with external rotation to 5/5 equal bilaterally and internal rotation 5/5 equal bilaterally. Abduction is 5-/5 on the right with discomfort and 4/5 on left with discomfort. At the elbows, the patient has full strength to elbow extension, supination, pronation, and wrist flexion and extension. On evaluation of neurologic function; deep tendon reflexes are symmetric bilaterally with 2+ biceps, triceps, and brachioradialis. Hoffmann's negative bilaterally. Sensation is intact throughout bilateral upper

extremities. On evaluation of impingement, positive impingement signs on the left and mild on the right. Speed's test is positive on left and mild on the right. Hawkins' test is positive on the left and mild on the right. Positive cross-arm test on the left. The patient has tenderness along the acromioclavicular (AC) joint, rotator cuff, and bicep tendon bilaterally. Mild tenderness along the posterior capsule. Negative lift-off test bilaterally. The patient also has tenderness along cervical paraspinal muscles, trapezius, and shoulder girdle bilaterally, pain with facets, and pain with facet loading at C3 through C7 bilaterally. On evaluation of back and lower extremities, the patient has normal extremity alignment. She can stand on toes and heels. She can squat approximately halfway. Lumbar flexion is 40 degrees, extension 30 degrees, and lateral tilting 20 degrees bilaterally. The patient has tenderness along thoracic and lumbar paraspinal muscles bilaterally, pain with facet loading at L3-S1 bilaterally. Straight leg raise is negative bilaterally. Milgram's testing is negative. On evaluation of neurologic function; deep tendon reflexes are symmetric bilaterally at patella and ankle jerk. Toes are downgoing. Clonus is negative. Sensation is intact throughout lower extremities. On evaluation of strength, the patient has full strength at lower extremities. No focal atrophy or weakness noted. The treatment plan includes a TENS unit for pain block.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective request of transcutaneous electrical nerve stimulation (TENS), 2-lead dispensed on 03/07/2014 for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) P.

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

**Decision rationale:** Retrospective request of transcutaneous electrical nerve stimulation (TENS), 2-lead dispensed on 03/07/2014 for the cervical spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines . The guidelines state that 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 time. The documentation submitted does not reveal the documentation of use and outcomes recommended prior to having a home TENS unit. MTUS guidelines recommend TENS "as an adjunct to a program of evidence-based functional restoration." Additionally, there should be "a treatment plan including the specific short- and long-term goals of treatment with the TENS unit " documented. The above documentation does not submit evidence of a treatment plan or an ongoing documented program of evidence based functional restoration. The patient indicates that she does not perform a home exercise program. The request for a retrospective request of transcutaneous electrical nerve stimulation (TENS), 2-lead dispensed on 03/07/2014 for the cervical spine is not medically necessary.