

<b>Case Number:</b>	CM14-0211328		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	04/24/2008
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### 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 58-year-old male who reported an injury on 04/24/2008. The mechanism of injury was not submitted for review. The injured worker has diagnoses of disorders of bursae and tendons in the shoulder region, unspecified, and sprain of unspecified site of shoulder and upper arm. Past medical treatment consists of surgery, the use of a TENS unit, physical therapy, and medication therapy. Medications include hydrocodone, tramadol, and tizanidine. An MRI of the cervical spine showed degenerative disc disease with facet hypertrophy and foraminal stenosis bilaterally. There were disc protrusions at C2-3, C3-4 left sided lateral disc osteophyte complex with severe facet hypertrophy, and left sided foraminal stenosis "compression" the thecal sac and the descending nerve roots. On 11/14/2014, the injured worker complained of neck pain. The documentation indicates that the injured worker underwent an epidural steroid injection with substantial reduction in pain; it was reduced by 90%. The physical examination of the neck revealed there was good range of motion of the cervical spine, but there was some tenderness at the endpoint rotation and extension consistent with left sided cervical facet joint arthropathy. There was limitation in abduction of the shoulder to 100 degrees on the left side with subacromial tenderness of the right and also tenderness of the right thenar eminence. The medical treatment plan was for the injured worker to continue with the use of a TENS unit. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase or Rental of Home Transcutaneous Electrical Nerve Stimulation Unit (TENS):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy (TENS) Page(s): 116.

**Decision rationale:** The Purchase or Rental of Home Transcutaneous Electrical Nerve Stimulation Unit (TENS) is not medically necessary. The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 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. The results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. The submitted documentation lacked indicating deficits upon physical examination. The efficacy of the injured worker's previous course of conservative care was not provided. Additionally, it is unclear if current use of TENS unit is trial or not. Given the above, the injured worker not within MTUS recommended guideline criteria. As such, the request is not medically necessary.