

<b>Case Number:</b>	CM15-0063983		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	01/07/2010
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Physical Medicine & Rehabilitation

### 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 59-year-old female who sustained an industrial injury on 1/7/10. The injured worker reported symptoms in the neck, back, right shoulder and bilateral hands. The injured worker was diagnosed as having cervical sprain/strain with right cervical radiculopathy/myofascial pain, right shoulder rotator cuff tendinitis, ulnar neuropathy right elbow and carpal tunnel syndrome right greater than left. Treatments to date have included activity modification, topical non-steroidal anti-inflammatory drugs cream, oral pain medication, proton pump inhibitor, cervical traction unit, transcutaneous electrical nerve stimulation unit. Currently, the injured worker complains of pain in the neck, back, right shoulder with radiation to the bilateral hands. The plan of care was for a transcutaneous electrical nerve stimulation unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

**Decision rationale:** Based on the 02/10/15 progress report provided by treating physician, the patient presents with pain to neck, upper back, right shoulder, and tingling in both hands. The request is for TENS UNIT. Patient's diagnosis per Request for Authorization form dated 02/13/15 includes cervical sprain/strain, and cervical radiculitis. Patient's medications included Zorvolex, topical NSAID cream, Lidoderm, and Lyrica. The patient is off work and remains temporarily totally disabled, per 02/10/15 treater report. According to MTUS Chronic Pain Management Guidelines the criteria for use of TENS in chronic intractable pain (p116) "a one month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial." Per RFA dated 02/13/15, treater is requesting TENS for "pain/spasm control." Per progress report dated 02/10/15, treater states "Continue TENS/electrical stimulator unit; still in need of replacement TENS supplies." It appears this is a request for a replacement TENS unit with supplies. Nonetheless, MTUS requires documentation of how often the unit was used, pain relief and goals during a one-month trial, prior to dispensing home units. Furthermore, treater has not indicated what body part would be treated, and the patient does not present with a diagnosis indicated for the use of TENS. MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain. This patient presents with neck, shoulder, and back musculoskeletal pain. The request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.