

<b>Case Number:</b>	CM13-0014402		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/12/1997
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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 52-year-old male who reported an injury on 08/12/1997. The patient is currently diagnosed with chronic pain syndrome, post laminectomy syndrome, degeneration of the cervical intervertebral disc, insomnia, degeneration of the lumbar or lumbosacral intervertebral disc, asymptomatic human immunodeficiency virus, and cervical spondylosis without myelopathy. The patient was evaluated on 06/19/2013. The patient reported worsening pain. The physical examination revealed diminished cervical range of motion, negative Spurling's maneuver, decreased sensation over the right C5 and C6 dermatome, and normal strength in all groups. The treatment recommendations included continuation of current medications, ask for authorization for 3 replacement boxes of TENS pads.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS pads for industrial TENS unit times three:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation Section Page(s): 117-121.

**Decision rationale:** The California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option. As per the documentation submitted, the patient has continuously utilized a TENS unit. The patient reported utilizing the TENS unit every night. However, despite ongoing treatment with the TENS unit, the patient continues to report high levels of pain. The patient's physical examination continues to reveal severely decreased range of motion in the cervical spine, muscle spasm, tenderness to palpation, and decreased sensation. As satisfactory response to treatment has not been indicated, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.