

<b>Case Number:</b>	CM13-0016958		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/15/1997
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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. 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:

This patient is a 46-year-old injured worker with date of injury of 01/15/1997. Per [REDACTED] report on 07/22/2013, this patient has diagnoses of: status post C5-C6 ACDF, and chronic discogenic cervical pain. The presenting symptoms are pain in her neck, gradually worsening. MRI showed degeneration of the level above and below the fusion. Range of motion is gradually declining. Patient continues to work teaching in the dental assistant program and it has been 14 years since cervical fusion. She was not interested in taking pain medication and interested in other ways of managing her chronic pain. The recommendation was for 30-day trial of TENS unit to help her manage her chronic pain, and also Voltaren gel was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 day trial of a TENS unit:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient is working full time, is not taking any medications, has had cervical fusion in the past which chronic neck pain. The MTUS Guidelines recommends trying TENS unit in conjunction with program of functional restoration needs to be interpreted in proper context. It should be noted that this patient is working full time, is experiencing increased pain, and a trial of TENS unit for 30 days is appropriate to help manage chronic pain. MTUS Guidelines allow for 30-day rental. The request for a TENS unit, 30 day trial, is medically necessary and appropriate.