

<b>Case Number:</b>	CM13-0018765		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	11/23/2004
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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 Orthopedic Surgery and is licensed to practice in Arizona. 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:

This is a 71-year-old female who is status post cervical fusion with chronic neck pain. She is being managed on tramadol, cyclobenzaprine, gabapentin, and diclofenac. On June 26, 2013, a follow-up visit recorded that she was having some increasing symptoms of discomfort in her paracervical area. A 30 day trial of a TENS unit was recommended. The patient had the 30 day trial and the TENS unit appeared to be giving her considerable relief of symptoms. She had difficulty applying some of the pads to her cervical region and she lived alone. Therefore, a request was made for a TENS unit vest.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 TENS unit vest: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The chronic pain guidelines are very specific as to the indications for formfitting TENS device. Form-fitting TENS device: This is only considered medically necessary when there is documentation that there is such a large area that requires stimulation

that a conventional system cannot accommodate the treatment, that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system, or the TENS unit is to be used under a cast (as in treatment for disuse atrophy. According to notes that are available, this patient does not have any of the criteria above.