

<b>Case Number:</b>	CM13-0030402		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	10/18/2011
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 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.

### 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 a 42 year old female with injury from 10/18/11. The provider notes by [REDACTED] shows that the patient has a diagnosis of cervicgia. Per report 8/29/13, the patient has ongoing neck and right elbow pain due to cumulative work injury, had 2 acupuncture so far with 30% relief, 2/10 pain. The patient is eager to get TENS unit. The patient has had shoulder injection, elbow injection with minimal relief in the past. MRI was requested, and the provider is appealing for TENS unit as the patient has had good benefit during therapy with 20% pain relief. The patient's medications are Flexeril, Norco, Naproxen and Omeprazole. The patient was evaluated by [REDACTED] on 8/30/13 in the same office. There is no discussion regarding TENS unit or its efficacy.

### 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.

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

**Decision rationale:** This patient suffers from chronic neck and elbow pain. The provider has requested TENS unit for home use stating that the patient experienced 20% reduction of pain with the use of TENS. A careful review of the reports show that the provider discusses TENS unit just twice on 8/29/13 and 4/9/13. No other reports discuss this. Both times, he mentions that the patient experienced 20-30% reduction of pain. The patient was then treated with acupuncture subsequently and TENS was used along with acupuncture treatments with subjective pain reduction. Based on reports provided, one cannot tell when TENS unit has been tried prior to 8/29/13 request. Furthermore, although the provider reports 20-30% reduction of subjective pain with TENS unit, there is no report of functional changes. The California MTUS allows for the use of TENS unit for neuropathic pain. The California MTUS also recommends 30-day trial before it can be used at home. Although the patient subsequently was able to try TENS unit while receiving acupuncture treatments, functional improvement has not been provided as required by MTUS. The California MTUS 9792.2(f) "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. The recommendation is for denial.