

<b>Case Number:</b>	CM13-0031156		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	01/14/2008
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 Neurology has a subspecialty in Neuromuscular Medicine 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:

██████████ is a 54 year old man who sustained a work related injury on January 14, 2008. According to a progress note dated on May 23 29013, the patient developed chronic neck, shoulder and thoracic spine with tingling in upper extremities with 8/10 severity. The patient was treated with naproxen, cyclobenzaprine for muscle spasms and Prilosec and neck epidural injection with some relief. Physical examination showed left shoulder tenderness, sensory deficit in C6-7 dermatoma and tenderness in the cervical paraspinal muscles. The patient was diagnosed with cervical radiculopathy and cervical stenosis and myalgia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Request for 20 Electrodes, per pair:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

**Decision rationale:** According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is

planned for this patient. Furthermore, there no clear information about a postivie one month trial of TENS. Therefore, the Retrospective Request for 20 Electrodes, per pair is not medically necessary.

**Retrospective Request for 1 rental of a Neuromuscular Stimulator-Electronic Shock Unit:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

**Decision rationale:** According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there no clear information about a postivie one month trial of TENS. Therefore, the Retrospective Request for 1 rental of a neuromuscular stimulator-electronic shock unit is not medically necessary.

**Retrospective Request for 10 replacement batteries:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

**Decision rationale:** According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there no clear information about a postivie one month trial of TENS. Therefore, Retrospective Request for 10 replacement batteries is not medically necessary.