

<b>Case Number:</b>	CM13-0032003		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	04/07/2011
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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.

### 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 65 year old, male with date of injury from 04-07-2011. The mechanism of injury was a 10 pound rock falling off a conveyor belt from 16 feet up that landed on the patient's head. The patient suffers from diagnoses that include, unspecified injury to head; post concussion syndrome; neuralgia, neuritis, and radiculitis unspecified. He also suffers from psychiatric disorder of post traumatic injury, headaches, depression and insomnia. In reviewing the treater's reports from 10/10/13, 9/12/13, the patient presents with headaches that range from 6-9/10. The patient has received bilateral neck, trigger point injections at C6-7 levels that did not help much. The headaches are described as disabling and [REDACTED], the treater has requested a TENS unit to reduce neck spasms thought to be causing the patient's headaches. [REDACTED] does not specify whether this is for a home use rental trial or for permanent use. The patient has received dorsal medial branch blocks of the C-spine for facet joint evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 TENS unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

**Decision rationale:** The treater has requested a TENS unit to help manage the patient's chronic headaches. The treater believes that treating the patient's spasmodic neck will improve headaches. MTUS guidelines 114 and 115 outlines recommendations for using TENS unit. TENS is recommended by types of pain including neuropathic pain and CRPS II and CRPS I. The diagnoses listed by MTUS for TENS unit specifically include Phantom limb pain, spasticity, and Multiple sclerosis. This patient does not present with any of these conditions. The patient suffers from what appears to be a cervicogenic headache. Recommendation is for denial.