

<b>Case Number:</b>	CM13-0035746		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	08/21/2012
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 49-year-old male with complaints of continuing neck pain. Date of injury was August 8, 2012 and occurred when a display rack fell on him while he was at work. The patient was diagnosed with cervical and lumbar contusions. Treatment included physical therapy, home exercise, and medications. Neck pain with radiation to both arms persisted. Physical examination was negative for motor weakness. Decreased sensation to pinprick was noted on all fingers, medial and lateral hand, and left forearm of the left upper extremity. EMG and nerve conduction studies were negative for upper extremity neuropathy and cervical radiculopathy. MRI of the cervical spine done on April 16, 2013 showed multilevel bulging herniated discs and annular tears with stenosis at C3-4 and C4-5 levels, worse at C4-5 with spinal cord compression on the left. Diagnosis on exam on September 11, 2013 included cervical pain, cervical radiculopathy, and cervical facet syndrome. Request for authorization for TENS unit was submitted on September 11, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit purchase:** Upheld

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

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

**Decision rationale:** TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use, for the conditions described below. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Functional restoration programs are designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. The patient was not participating in a functional restoration program. The TENS unit is therefore not recommended.