

<b>Case Number:</b>	CM13-0045476		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/17/2005
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 expert 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 patient sustained an injury on 5/17/05 while employed by [REDACTED]. Request under consideration include Prime Dual TENS/EMS (Transcutaneous Electrical Nerve Stimulation/ Microcurrent Electrical Stimulator) unit with supplies for two (2) months. The patient is status post cervical fusion on 6/1/12 with conservative care post-operatively to include physical therapy and chiropractic treatment. Report of 12/7/12 noted patient with radicular neck pain to left hand rated at 7/10. Medications list Omeprazole, Naproxen, Metformin, Levothyroxine, and Losamten. Exam of the cervical spine showed tenderness and spasms throughout the paraspinal muscles including the left upper trapezius muscle; range was limited in all planes; positive shoulder depression on left. Diagnoses included lumbar strain/ sprain/ radiculitis/ disc disorder; carpal tunnel syndrome; cervical facet arthrosis/ disc herniation status post cervical spine fusion on 6/1/12. Treatment plan included post-op physiotherapy and chiropractic to continue 2x4. The Final Determination Letter for [REDACTED] 3 patient remained TTD (Temporary Total Disability) until 2/1/13. Report of 9/10/13 from the provider noted patient with chronic neck and low back pain; completed physical therapy with residual "stiffness" of the neck; low back with pain rated at 7/10 chronically. Per AME, diagnoses include status post cervical spine fusion C4-7; status post right shoulder arthroscopy; decreased sensation of C7, C8; and lumbar spine sprain/strain. Exam showed cervical spine with spasm, painful limited range; facet tenderness; radiculopathy of C6 bilaterally; positive tenderness of cervicotrachezial ridge; lumbar spine with spasm; positive Lasegue's; painful limited range; positive SLR at 70 degrees; motor weakness of 4/5 left with decreased sensation of S1 bilaterally. Patient to continue with home exercise; topical creams; resubmit for TENS/EMS. There was a request in September 2013 for TENS unit with 2-months supplies along with form letter from DME(Durable Medical

Equipment) company Prime Medical Resources, Inc. which was non-certified on 10/2/13 citing guidelines criteria and lack of medical information (apparently report of 9/10/13 not available).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **DECISION FOR A PRIME DUAL TENS/EMS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION/ MICROCURRENT ELECTRICAL STIMULATOR) UNIT WITH SUPPLIES FOR TWO (2) MONTHS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation, Page(s): 115-118.

**Decision rationale:** This patient sustained an injury on 5/17/05 while employed by [REDACTED]. Request under consideration include Prime Dual TENS/EMS unit with supplies for two (2) months. Per AME (Agreed Medical Evaluation), diagnoses include status post cervical spine fusion C4-7 (6/1/12); status post right shoulder arthroscopy; decreased sensation of C7, C8; and lumbar spine sprain/strain. Report of 9/10/13 from the provider noted patient with chronic neck and low back pain; completed physical therapy with residual "stiffness" of the neck; low back with pain rated at 7/10 chronically. Per Guidelines, criteria for TENS use include documented chronic intractable pain with evidence that other appropriate pain modalities have been tried and failed, including medication. A one-month trial rental period of the TENS unit is preferred with use as an adjunct to ongoing treatment modalities within a functional restoration approach. Criteria also includes notation on how often the unit was to be used, as well as outcomes in terms of pain relief and function of other ongoing pain treatment during this trial period including medication usage. A treatment plan should include the specific short- and long-term goals of treatment with the TENS unit. Submitted reports have not adequately demonstrated indication and necessity to support for this DME (Durable Medical Equipment) purchase/rental. Therefore, The Prime Dual TENS/EMS unit with supplies for two (2) months is not medically necessary and appropriate.