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| <b>Case Number:</b>   | CM13-0050038 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 03/01/2001 |
| <b>Decision Date:</b> | 03/12/2014   | <b>UR Denial Date:</b>       | 11/01/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/08/2013 |

### 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 & 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 reported a date of injury on 03/01/2001. The progress report dated 10/02/2013 by [REDACTED] indicates that the patient's diagnoses include: (1) Cervical herniated disk, (2) Fibromyalgia/myositis, (3) Joint pain, shoulder, (4) Cervical radiculopathy. The patient continues with neck and jaw pain. The patient reports poor sleep. She wakes up with muscle spasms in the neck and numbness in the arms and pain in the neck. There was a report that the patient was participating in physical therapy. She is doing pendulum motion exercises and has been participating in myofascial release and strengthening. Cervical spine on physical exam showed bilateral paraspinous tenderness. There was palpable twitch positive trigger points in the muscles of the head and neck. There was a request for authorization of a purchase of a [REDACTED] TENS unit which was denied by utilization review dated 11/01/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **(IF stimulator) and supplies:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
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**Decision rationale:** The patient continues with neck pain. The progress reports between 05/21/2013 and 10/02/2013 do not indicate the patient has had prior use of TENS unit therapy, but an 11/06/2013 report appears to indicate the patient was using a TENS unit with reported help with relaxation of neck muscles. The current request is for a [REDACTED], which appears to be a combination unit that includes interferential TENS and NMES. MTUS page 118-120 does not recommend IF units for isolated intervention except in conjunction with return to work, exercise and medications. MTUS goes onto state that if it is to be used, it should be reserved for situations where pain is ineffectively controlled with medications, post-operative pain, and unresponsive to conservative measures. MTUS does not support NMES at all. In this patient, the treater notes that TENS is working to help with pain control. It may be appropriate to continue the use of TENS unit that the patient has, but [REDACTED] that contains IF, NMES and TENS is not supported by MTUS guidelines. Recommendation is for denial