

<b>Case Number:</b>	CM13-0061073		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/08/2008
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 & Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 71-year-old female who reported an injury on 07/08/2008. The mechanism of injury per the injured worker was someone opened the door and hit the injured worker in the back. The documentation of 10/24/2013 revealed the injured worker had unchanged cervical and myofascial pain. The objective findings revealed spasms and tenderness to palpation. Motion was guarded due to pain. The injured worker had decreased range of motion. The diagnosis included myofascial pain and cervical disc degenerative. The treatment plan included a TENS unit rental and 6 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT FOR NECK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 115-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tens Page(s): 115,116.

**Decision rationale:** California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain Final Determination

Letter for IMR Case Number CM13-0061073 3 and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documentation submitted for review failed to indicate the injured worker had documented 3 months of pain and evidence that other pain modalities had been tried and failed. The documentation failed to indicate if the injured worker would be using the TENS unit as an adjunct therapy. The request as submitted failed to indicate the duration of use as well as whether the use was for rental or purchase. Given the above, the request for a TENS unit for neck as denied by the physician advisor is not medically necessary.