

<b>Case Number:</b>	CM13-0061875		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/19/2012
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Orthopedic Surgery, 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:

This is a 51 year old Male. Date of injury 7/19/2012. Exam notes from 9/18/13 demonstrate neck pain that radiates to bilateral upper extremities to the level of the hand. Exam revealed moderate reduction secondary to pain and spinal vertebral tenderness noted in the cervical spine at C4-7 and cervical myofascial tenderness. Treatment to date includes medication. Exam notes from 10/9/13 show patient had pre-op evaluation for ACDF C4-6 and was cleared for surgery. Treatment being requested is product, BSG, PT 3 x week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable Medical Equipment (DME): TENS Unit for purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

**Decision rationale:** According to the MTUS Guidelines regarding TENS, chronic pain (transcutaneous electrical nerve stimulation), TENS is 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, for the conditions described below. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this case there is insufficient evidence of chronic neuropathic pain to warrant a TENS unit. Therefore the determination is for non-certification.

**Durable Medical Equipment (DME): Lumbar conductive garment: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the TENS unit is non-certified as not medically necessary, then the decision for lumbar conductive garment is not medically necessary and is non-certified.

**Mist spray: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the TENS unit is non-certified as not medically necessary, then the decision for mist spray is not medically necessary and is non-certified.

**Three (3) month supply: electrodes packs, QTY: 6.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the TENS unit is non-certified as not medically necessary, then the decision for 3 months supply of electrodes packs is not medically necessary and is non-certified.

**Battery alkaline 9 volt QTY: 6.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the TENS unit is non-certified as not medically necessary, then the decision for alkaline 9 volt battery is not medically necessary and is non-certified.

**Adhesive remover towel mint QTY: 24.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the TENS unit is non-certified as not medically necessary, then the decision for adhesive remover towel mint is not medically necessary and is non-certified.

**Shipping and handling QTY: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the TENS unit is non-certified as not medically necessary, then the decision for shipping and handling is not medically necessary and is non-certified.

**TT & SS leadwire QTY: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the TENS unit is non-certified as not medically necessary, then the decision for TT & SS leadwire is not medically necessary and is non-certified.