

<b>Case Number:</b>	CM13-0063300		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/19/2012
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 is a 45 year-old with a date of injury of 12/19/12. A progress report associated with the request for services, dated 11/04/13, identified subjective complaints of neck and low back pain. Objective findings included tenderness to palpation of the cervical spine and abnormal posture due to spinal pain. The diagnoses included lumbar spondylolisthesis with bilateral radiculitis and cervical sprain/strain. Treatment has included oral analgesics. A utilization review determination was rendered on 11/18/13 recommending non-certification of "TENS unit and supplies purchase for the cervical spine".

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TENS UNIT AND SUPPLIES PURCHASE FOR THE CERVICAL SPINE: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines Page(s): 114-117.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) states that TENS is not recommended for the neck & upper back. For other conditions, a one month trial is considered appropriate if used as an adjunct to an evidence-based program of functional

restoration. The recommended types of pain include: Neuropathic pain, CRPS I and II, Phantom limb pain, spasticity or Multiple sclerosis. In this case, the TENS unit is being requested for a type of pain not specified as indicated for treatment. Per California MTUS, TENS is not recommended for the neck and upper back. Also, the multiple criteria noted above (documentation of duration of pain, trial plan, and goal plan) have not been met. Last, a one-month trial should be attempted. Therefore, there is no documented medical necessity for a TENS unit.