

<b>Case Number:</b>	CM13-0068248		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/09/2011
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Texas. 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 40-year-old female who reported an injury on 05/09/2011. The mechanism of injury was not stated. Current diagnoses include status post C5-7 hybrid reconstruction, status post C5-6 removal of hardware with inspection of fusion, lumbar facet arthropathy, and electrodiagnostic evidence of bilateral carpal tunnel syndrome. The injured worker was evaluated on 11/14/2013. The injured worker reported persistent cervical spine pain. Physical examination revealed residual stiffness in the left trapezius and deltoid region, and tenderness to palpation of the lumbar paravertebral muscles with positive straight leg raising. Treatment recommendations at that time included a prescription for a STIM 4 muscle stimulator/TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 STIM 4 MUSCLE STIMULATOR/TENS UNIT (FROM BETWEEN 11/14/13 AND 3/5/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**Decision rationale:** California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered as a noninvasive conservative option. There should be evidence that other appropriate pain modalities have been tried and failed. As per the documentation submitted, there is no evidence of a successful 1-month trial. Therefore, the current request for a TENS unit between 11/14/2013 and 03/05/2014 cannot be determined as medically appropriate. There is also no evidence of a treatment plan with the specific short and long-term goals of treatment with the unit. Based on the clinical information received and the California MTUS Guidelines, the request for STIM 4 muscle stimulator/TENS unit (from between 11/14/13 and 3/5/14 is not medically necessary.