

<b>Case Number:</b>	CM14-0000875		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	07/12/2010
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Neurology, 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 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 patient is a 50 year old man who sustained a work related injury on July 12 2010. He developed subsequent numbness and tingling radiating pain from the left upper extremity into the left thumb and index finger. On July 19, 2010, the patient was diagnosed by his Primary care Physician with cervical strain with left upper extremity radiculopathy and was recommended a physical therapy program along with medications. Cervical traction was also utilized as well. An MR scan of the cervical spine was obtained on August 20, 2010 and showed multilevel degenerative disk disease with C4-5 mild central canal stenosis, C5 and C6 disk protrusions with moderate to severe central canal stenosis and neural foraminal stenosis. There was apparent spinal cord compression of the C5-6 level. The patient got 2 epidural steroid spinal injections respectively on October 6, 2010 and January 12, 2011. A CT scan was obtained on February 16, 2011 and showed multilevel degenerative disk disease and spondylosis at C3-4 through C6-7. On May 13, 2011 the patient underwent a three-level artificial disk replacement surgery in [REDACTED]. The surgery was performed at the C4-5, C5-6, and C6-7 levels. On October 2011, the patient resumed his regular activities. According to a medical evaluation dated on December 14, 2012 the patient complained from a persistent pain in the cervical spine, primarily posteriorly which extends into the left and right trapezii. He has a feeling of numbness in the thumb and index finger of the left hand. His symptoms are increased with repetitive or prolonged motion of the cervical spine as well as lifting and carrying heavy objects on a repetitive basis. The patient was treated with acupuncture, activity modification and epidural steroid injections he was tried on TENS with some help. A request for authorization for TENS unit purchase was submitted by the provider.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME TENS UNIT PURCHASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a positive one month trial of TENS. Although there is a report of positive effect of previous use of TENS, there is no objective documentation of functional improvement in pain reduction. In addition there is no documentation of reduction of the use of pain medications with the use of TENS. There is documentation of a recent flareup of the patient's pain. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the prescription of TENS unit (purchase) is not medically necessary.