

<b>Case Number:</b>	CM14-0002524		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	05/28/2008
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Orthopedic Surgery, 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 51 year-old female who sustained a cumulative injury to her cervical spine on 5/28/08 while pushing/pulling carts of files/boxes at work. It was reported that the injured worker is status-post anterior cervical disectomy and fusion (ACDF) at C5-6 and C6-7 as of 8/21/13. A clinical note dated 10/31/13 reported that the injured worker is utilizing a home electrical stimulation unit and taking Hydrocodone for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT:** Upheld

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

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

**Decision rationale:** The records indicate that the injured worker is already utilizing a home TENS unit. The MTUS Chronic Pain Medical Treatment Guidelines state that while TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions

about long-term effectiveness. There was no additional supporting documentation that would indicate an additional TENS unit purchase for home use. Given the clinical documentation submitted for review, medical necessity of the request for TENS unit has not been established.

**ADDITIONAL POSTOPERATIVE PHYSICAL THERAPY, CERVICAL SPINE, 12:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

**Decision rationale:** There was no information provided that indicates the exact amount of postoperative physical therapy that the patient has completed to date. The California MTUS recommends up to 24 visits over 16 weeks of post-operative physical therapy. There is no additional significant objective clinical information that supports the need to exceed the MTUS recommendations, either in frequency or duration of physical therapy visits. Given the clinical documentation submitted for review, medical necessity of additional post-operative physical therapy for the cervical has not been established.