

<b>Case Number:</b>	CM14-0012097		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/17/2011
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 Physical Medicine & Rehabilitation 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 47-year-old male who has submitted a claim for disc displacement of the cervical spine, cervical radiculitis, lumbar radiculitis and lumbosacral chronic sprain/strain, associated with an industrial injury date of 06/17/2011. Medical records from 2013 to 2014 were reviewed and showed that patient complained of neck pain graded 6-9/10 radiating down the bilateral upper extremities. There was complaints of constant low back graded 6-9/10 radiating down the bilateral lower extremities. Physical examination of the cervical spine revealed tenderness over the C4-7 cervical spine, bilateral cervical paraspinal, trapezius, and rhomboid muscles. There was a notable decrease of cervical spine range of motion (ROM) due to pain. Sensation to light touch of the bilateral upper extremities was decreased bilaterally. Physical examination of the lumbar spine revealed tenderness to palpation over the bilateral paraspinal and gluteal muscles. There was decreased lumbar ROM in all planes of movement. Sensation to light touch was decreased over bilateral feet and toes. A CT scan of the cervical spine dated 05/20/2013 revealed muscle spasm and multilevel degenerative change with stenosis. An MRI of the cervical spine dated 11/26/2012 revealed multilevel degenerative disease of the cervical spine, most significant at C6-7, moderate spinal canal stenosis at C6-7 and severe bilateral neural foraminal stenosis at C6-7. An MRI of the lumbar spine date 02/18/2013 revealed muscle spasm, multilevel degenerative changes, and anterior wedge compression fracture of the vertebral body of T12. Treatment to date has included physical therapy, transcutaneous electrical nerve stimulation (TENS), home exercise program, and pain medications and patches. Utilization review, dated 01/14/2014, denied the request for TENS unit thirty day rental. The rationale for denial was not available in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) UNIT THIRTY DAY RENTAL: Upheld**

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

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

**Decision rationale:** According to MTUS Chronic Pain Treatment Guidelines, TENS is not recommended as a primary treatment modality. A trial of one-month home-based TENS may be considered as a noninvasive conservative option. It should be used as an adjunct to a program of evidence-based functional restoration. 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 details of how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, there was documentation of TENS therapy (02/03/2014) with frequency of five days a week for two months. Transient pain relief lasted for 4 to 5 hours with decrease of pain levels from 9/10 to 6/10. There was documentation of functional improvement with self-care/hygiene. However, the specific body part subjected to TENS therapy was not indicated. Moreover, there was no documentation of active participation in a functional restoration program, a necessary adjunct with TENS therapy. TENS is not recommended to be used as a sole treatment modality. As such, the request is not medically necessary.