

<b>Case Number:</b>	CM14-0017400		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	06/11/2010
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 an employee of [REDACTED], and has submitted a claim for HNP, thoracic associated with an industrial injury date of 05/11/2010, Treatment to date has included physical therapy, home exercise program, and medications such as Zanaflex and ibuprofen. Utilization review from 02/07/2014 denied the request for TENS unit 1 month rental, electrodes, skin preps, batteries to upper back because there was no quality evidence of its effectiveness except in conjunction with recommended treatments, including return to work, exercise, and medications. Medical records from 2013 to 2014 were reviewed showing that patient complained of worsening spasm, and limited motion from mid- to upper back with acute flare-up. Physical examination showed palpable spasm, limited flexion, horizontal torsion and lateral bend at cervicothoracic junction. There was likewise tenderness at mid-thoracic spine with muscle spasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT, 1 MONTH RENTAL, ELECTRODES, SKIN PREPS, BATTERIES FOR UPPER BACK:** Upheld

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

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines, state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. In this case, it was stated in a progress report dated 02/25/2014, that there was significant improvement in overall function with the use of thirty-day trial with TENS unit. There was likewise decrease in the amount of medication intake. Patient was authorized eight visits to physical therapy, however, it is unclear if the patient already completed the treatment sessions. Medical records submitted and reviewed do not provide any evidence that patient is still continuing her home exercise program which is a requisite adjunct for TENS. Moreover, as stated in page 116, a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. There was no documentation submitted regarding specific goals that should be achieved with the use of TENS. The guideline criteria have not been met. Therefore, the request for TENS unit, 1 month rental, electrodes, skin preps, batteries for upper back are not medically necessary and appropriate.