

<b>Case Number:</b>	CM14-0017749		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	03/14/2007
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 and 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 injured worker is a 54-year-old female who reported an injury on 03/14/2007. The mechanism of injury was not clearly stated within the medical records. Within the clinical note dated 03/05/2014, it was noted the injured worker reported constant neck pain which radiated bilaterally to her upper extremities with numbness and tingling. The prescribed medications included Soma #60 and Savella 12.5mg. The injured worker finished physical therapy and reported mild relief. The physical examination revealed limited cervical range of motion, positive Spurling's bilaterally, and a positive axial compression. The physical therapy note dated 01/07/2014 reported normal neurovascular myotomes in the upper body. Within the clinical note dated 10/16/2013 it was noted medication treatment at that time was Soma and Xanax. No further clinical notes were submitted. The request for authorization was not submitted in the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PURCHASE OF TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS)**

**UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation (TENS)..

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

**Decision rationale:** The CA MTUS guidelines note injured workers must have documentation of pain of at least three months duration prior to utilizing a transcutaneous electrical nerve stimulation (TENS) unit. The MTUS guidelines note there should be evidence that other appropriate pain modalities have been tried (including medication) and failed. The MTUS guidelines recommend 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 documentation of how often the unit was used, as well as outcomes in terms of pain relief and function, rental would be preferred over purchase during this trial, and other ongoing pain treatment should also be documented during the trial period including medication usage a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The guidelines recommend a 2-lead unit is generally recommended and if a 4-lead unit is recommended, there must be documentation of why this is necessary. The submitted documentation was unclear on the number of physical therapy sessions that were completed prior to the request for a TENS unit. It was unclear if the injured worker underwent a one month home based trial with a TENS unit. It was unclear if proper records were kept documenting the frequency of use and the amount of relief each session produced. Furthermore, the documentation does not outline the short and long term goals nor the location on the body the area to be treated with then TENS unit; it was unclear if the injured worker required utilization of a 2 or a 4 lead unit. Hence, the request is non-certified.