

<b>Case Number:</b>	CM14-0019224		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	03/12/2008
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Medicine and is licensed to practice in Florida. 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 58 year old male with a reported date of injury on 03/12/2008; the mechanism of injury was not provided in documentation received. The injured worker was evaluated on 01/13/2014 with complaints of severe right knee pain and neck pain. The injured worker stated that he was unable to lie/sleep on his back due to neck and left sided head pain. The injured worker stated his pain on a typical day was rated at 8-9/10 and could reach 10/10 on a bad day and when bending forward. The injured worker stated he had not taken his medication for approximately two months and he wanted to stay away from pills. The injured worker had tenderness to palpation with spasms over the paravertebral musculature in the cervical spine. Examination of the cervical spine range of motion revealed flexion was 35 degrees, extension was 25 degrees, right rotation was 25 degrees, left rotation was 20 degrees, right lateral flexion was 10 degrees and left lateral flexion was 15 degrees. The injured worker had tenderness to palpation over the right medial compartment ligament and medial joint line and motion was decreased on the right. Motor strength to the left upper extremity was decreased. The injured worker was diagnosed with Cervical/Trapezial Musculoligamentous sprain/strain with bilateral upper extremity radiculitis/disc bulge /osteophytes/central and neuroforaminal stenosis. The provider recommended the injured worker utilize a TENS unit for self-treatment at home on a continuous basis as he needed treatment for pain and muscle spasms to increase daily activities and tolerate symptoms without resuming medications. The request for authorization was submitted on 01/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 TENS UNIT:** Upheld

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

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

**Decision rationale:** The California MTUS guidelines do not recommend TENS 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. The guidelines note there should be documentation of pain of at least three months duration and there must be evidence that other appropriate pain modalities have been tried (including medication) and failed. The documentation provided for review did not indicate the injured worker has had pain for at least three months duration. There was a lack of evidence that other appropriate pain modalities have been tried (including medication) and failed. It was unclear if the injured worker underwent a one month TENS trial as well as the efficacy of the unit during the trial. Therefore, the request for a TENS unit is not medically necessary.