

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0111192 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 11/14/2006 |
| <b>Decision Date:</b> | 09/12/2014   | <b>UR Denial Date:</b>       | 06/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/16/2014 |

### 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, has a subspecialty in Interventional Spine 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 56-year-old male with a date of injury of 11/14/2006. The listed diagnoses are: 1. Cervical disk disease. 2. Cervical radiculopathy. 3. Status post right shoulder arthropathy on 05/19/2014. According to progress report 06/18/2014, the patient presents with neck pain that radiates to the right hand with numbness and tingling sensation. The patient is taking medications as prescribed and reports increased range of motion and decreased radicular symptoms. Examination of the cervical spine revealed midline with a decrease in the cervical lordosis and moderate tenderness to palpation with muscle spasm noted over the paravertebral musculature and trapezius muscles. There is facet tenderness to palpation noted over the C6 and C7 levels. Examination of the upper extremities revealed well-healed surgical scar on the right shoulder with tenderness to palpation over the right acromioclavicular joint. The treater states, "The patient should have TENS unit for home use in addition to a cervical traction unit." Utilization Review denied the request on 06/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Transcutaneous electrical nerve stimulation (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  
Transcutaneous electrotherapy Page(s): 114-116.

**Decision rationale:** The treater is requesting the patient have a TENS unit for home use in addition to a cervical traction unit. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered for specific diagnoses of neuropathy, complex regional pain syndrome (CRPS), spasticity, phantom limb pain, and multiple scoliosis. In this case, the treater is requesting a TENS unit for home usage, but does not document a successful home one-month trial. The request is not medically necessary.