

<b>Case Number:</b>	CM14-0117840		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/09/1999
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 52 year old female with date of injury 6/9/99. The treating physician report dated 6/9/14 indicates that the patient presents with pain affecting the cervical spine, blurry vision, anxiety and depression. Physical examination findings reveal paraspinal muscle tenderness, painful cervical range of motion testing and left shoulder tenderness to the AC joint with positive cross arm testing. The current diagnoses are: 1. Industrial injury to the cervical spine and bilateral shoulders. 2. DDD C4-C6. 3. AC joint arthrosis. 4. C6 radiculopathy and right CTS based on EMG/NCV 8/8/13. The utilization review report dated 6/25/14 request for TENS unit and supplies based on the MTUS guidelines.

### 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 and supplies:** Upheld

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

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

**Decision rationale:** The patient presents with chronic pain affecting the cervical spine. The current request is for TENS unit and supplies. The treating physician states on 6/9/14, "I am also recommending she have authorization for a TENS unit as the patient has also had significant symptom relief in the past with use of the TENS unit." The 12/12/13 report states, "I am also recommending that she receive a TENS unit pads as she benefits from using the TENS unit at this point." The 2/20/14 report states, "I am also recommending a TENS unit pads. The TENS unit continues to be beneficial for the patient at this point in regard to her symptoms." The MTUS Guidelines do support a trial of TENS. The criteria for the use of TENS states, "A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted." MTUS goes on to say that there should be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The treater in this case has failed to document "functional improvement" with the use of TENS unit, only describing in general terms that they help. Functional improvement per labor code 9792.20(e) is significant improvement in ADL's OR, returns to work, AND decreased dependence on medical treatments, thus, the request is not medically necessary.