

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0129186 |                              |            |
| <b>Date Assigned:</b> | 08/18/2014   | <b>Date of Injury:</b>       | 04/22/2014 |
| <b>Decision Date:</b> | 09/18/2014   | <b>UR Denial Date:</b>       | 07/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/13/2014 |

### 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 licensed in Chiropractic, has a subspecialty in Pediatric Chiropractic and is licensed to practice in California, Washington and New Mexico. 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 46 year old individual with an original date of injury of 4/22/14. The mechanism of the industrial injury occurred when the patient was assaulted by an individual while working as a nursing assistant. The patient has been diagnosed with numerous diagnoses, including cervical radiculopathy, disc protrusion and sprain/strain, lumbar sprain/strain, dizziness, headache, and shoulder sprain/strain. The patient has received physical therapy and chiropractic treatment, but this was not helpful in relieving the patient's symptoms. The disputed issue is a request for a one month trial of a Transcutaneous Electrical Nerve Stimulation (TENS) unit with supplies. An earlier Medical Utilization Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One month trial of a TENS-EMS unit with supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy; Neuromuscular Electrical Stimulation Devices Page(s): 114-121.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Transcutaneous Electrotherapy; Neuromuscular Electrical Stimulation Devices, pages 114-121. The Expert Reviewer's decision rationale:CA MTUS does not recommend the use of Transcutaneous Electrical Nerve Stimulation (TENS) units for chronic pain conditions, except in cases of neuropathic pain secondary to diabetes or post-herpetic neuralgia, phantom limb pain, spasticity related to spinal cord injury or multiple sclerosis. There is no documented evidence of these conditions being involved in the case records. The request for a one month trial of a (TENS) unit with supplies is not medically necessary, as it does not meet the medical guidelines of the CA MTUS.