

<b>Case Number:</b>	CM14-0153943		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	05/16/2014
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Occupational Medicine 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:

According to the records made available for review, this is a 51-year-old male with a 5/16/14 date of injury. At the time (9/10/14) of the Decision for 1 month home trial of a prime dual neurostimulator (transcutaneous electrical nerve stimulation/ electronic muscle stimulator unit), there is documentation of subjective (radiating neck pain) and objective (tenderness over the cervical spine) findings, current diagnoses (cervical radiculitis, lumbosacral strain, cervical strain, and lumbar contusion), and treatment to date (physical therapy and medications). There is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Month Home Trial of a Prime Dual Neurostimulator (Transcutaneous Electrical Nerve Stimulation/ Electronic Muscle Stimulator Unit): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tens Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117.

**Decision rationale:** The MTUS Chronic Pain Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. Within the medical information available for review, there is documentation of diagnoses of cervical radiculitis, lumbosacral strain, cervical strain, and lumbar contusion. In addition, there is documentation of ongoing treatment with pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS. However, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration. Therefore, based on guidelines and a review of the evidence, the request for 1 month home trial of a prime dual neurostimulator (transcutaneous electrical nerve stimulation/ electronic muscle stimulator unit) is not medically necessary.