

<b>Case Number:</b>	CM14-0029295		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/01/2008
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 & Rehabilitation 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 injured worker is a 51-year-old female who reported an injury on 06/07/2005. Mechanism of injury is unknown. Her diagnoses included chronic pain syndrome of cervical spine, osteoarthritis, spondylosis, degenerative disc disorder of the cervical spine, and radiculopathy of the cervical spine. Her past treatments included use of an H-wave unit, physical therapy, cervical collar, and self-therapy and neck traction. She complained of neck pain rating of 7/10. The injured worker was working fulltime with no restrictions. Physical examination on 02/14/2014 showed absent bilateral upper reflexes, absent bilateral lower reflexes, L4, L5-S1 myotomal deficit of bilateral lower extremities. There was 1+ bilateral Spurling sign as her chin to chest flexion and extension was limited to 15 degrees without report of any significant pain at end point and C8 dermatomal deficit unchanged. Her medications included Baclofen, Gabapentin, Lidoderm patches, Medrox, Diclofenac sodium, and Sentra pm. The treatment plan was for continuation with self-therapy and neck traction daily, soft collar for comfort, and a 30 day trial of a transcutaneous electrical nerve stimulation (TENS) unit. There was rationale for the request for transcutaneous electrical nerve stimulation, (TENS) unit, 30 day trial however, the request for authorization form was not submitted for review.

### 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 30 day trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy, page(s) 114-116 Page(s): 114-116.

**Decision rationale:** The request for a transcutaneous electrical nerve stimulation TENS unit 30 day trial is not medically necessary. The injured worker complained of pain to the neck with very bad flare-ups. She is working full duty with no restrictions. Her past treatments included physical therapy, oral and topical medications, a cervical collar, H-wave unit, self-therapy, and neck traction, yet she still continued to have pain. The California MTUS Guidelines states the use of a TENS unit requires chronic, intractable pain documentation of at least a 3 month duration. There needs to be evidence that other appropriate pain modalities have been tried, including pain medications that failed. A one month trial period of a TENS unit should be documented as an adjunct to ongoing treatment modalities with a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain and treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short term and long term goals of treatment with a TENS unit should be submitted. A 2 lead unit is generally recommended; if a 4 lead unit is recommended, there must be documentation about why this is necessary. Clinical documentation on 11/01/2013 stated the injured worker had tried the TENS unit 15+ time on her neck and bilateral shoulders for 15-20 minutes each session in therapy with no relief. Documentation does not indicate clinical necessity for the use of the TENS unit. Therefore, the request for a transcutaneous electrical nerve stimulation (TENS) unit 30 day trial is not medically necessary.