

<b>Case Number:</b>	CM14-0038191		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/03/2014
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 49-year-old female who sustained injury to her neck on 01/03/14 when she was hit by a car in the school parking lot, injuring her right side, wrist, elbow, hip, and neck. The most significant pain was in her cervical spine radiating to her shoulders and down to her fingers. Magnetic resonance image of the cervical spine noted annular disc bulging at C7-T1, C6-7, C5-6 and C4-5. Treatment to date has included acupuncture, physical therapy that seemed to be of some benefit, and medications. Physical examination of the cervical spine noted decreased range of motion that was moderate; range of motion flexion/extension 40 degrees, with spasm of bilateral trapezius muscles; bilateral rotation reasonable 40 degrees, but endpoint pain radiating into shoulders and down right arm. Impression was that the injured worker had cervical discogenic disease at C7-T1 and C6-7. The injured worker was recommended for a transcutaneous electrical nerve stimulation unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit for 3 months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation), chronic pain Page(s): 114-16.

**Decision rationale:** There was no indication that the injured worker had a successful one-month trial of transcutaneous electrical nerve stimulation (TENS) unit with significant documented pain relief. The California Medical Treatment Utilization Schedule states that while TENS may reflect the longstanding accepted standard of care within many medical communities, the results of studies are inconclusive; published trials do not provide information on stimulation parameters, which are most likely to provide optimal pain relief, nor do they answer questions about long-term effectiveness. Several published evidence based assessments of TENS have found that evidence is lacking concerning effectiveness. Given this, the request for TENS unit for three months is not indicated as medically necessary.