

<b>Case Number:</b>	CM14-0044518		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/10/2012
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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:

This patient is a 32 years old male, Date of Injury 4/10/12. Secondary to being stuck by a heavy object he developed persistent cervical pain and associated headaches. MRI studies were showed loss of curvature (spasm) but no other findings were seen. Electrodiagnostic studies were negative. Neurological consultation concluded that there were post traumatic post closed head injury headaches and cervical strain. The last treating physicians note is from 6/19/12. Physical therapy is requested and there is no mention of TENS (Transcutaneous Electric Nerve Stimulation) unit use or benefits. An AME (Agreed Medical Examination) evaluation was performed on 4/30/13 and there is no mention of TENS use or benefits. An AME supplemental report on 2/27/14 documents a high functional level, but there is no mention of a TENS unit. The vendor request for TENS unit supplies is dated 2/28/14 and has a digital signature (the signature is significantly elevated off of the signature line) for the requesting physician. There are no updated narratives after 6/19/12 from the treating/requesting physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Monthly supplies for a TENS (Transcutaneous Electric Nerve Stimulation) Unit; including Electrodes 8 pair per month and 6 Batteries per month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy criteria for the use of TENS Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Transcutaneous electrostimulation TENS Page(s): 116.

**Decision rationale:** MTUS Guidelines only support the long term use of a TENS unit if there is reasonable proof of benefit. With this patient there is no evidence of ongoing use or benefits. There are no updated treating physician notes documenting continued use and benefits and a recent med-legal evaluation does not document the use of a TENS unit. In addition, it is not clear if these supplies are requested directly by the treating physician. The signature is digital and not accompanied by any evidence of recent evaluations or direct involvement by the treating physician. MTUS Chronic Pain Guidelines do not support ongoing use under these circumstances. Therefore, the request for Monthly supplies for a TENS (Transcutaneous Electric Nerve Stimulation) Unit; including Electrodes 8 pair per month and 6 Batteries per month are not medically necessary and appropriate.