

<b>Case Number:</b>	CM14-0045710		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/07/2012
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 and Rehabilitation, has a subspecialty in Pain Management 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 is a female patient with the date of injury of February 7, 2012. A Utilization Review was performed on March 21, 2014 and recommended non-certification of Neurotech Aviva TENS XP Unit Qty: 2 month rental and supply package (2pk electrodes, 2 each 9 volt batteries, 1 lead wires). An Initial Orthopedic Consultation dated January 30, 2014 identifies Current Complaints of constant left-greater-than right cervical pain, with some pain that extends into the left deltoid and radial aspect of her arm into her thumb. Physical Examination identifies some tenderness to palpation and muscle spasm in the cervical spine. Sensory exam reveals complaint of pain in the left deltoid and radial aspect of her arm. Diagnoses identify cervical herniated nucleus pulposus and cervical radiculopathy. Discussion/Treatment Plan identifies request authorization for a two-month rental of a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurotech Aviva TENS XP Unit for a 2 month rental:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 114-121 of 127 Page(s): 114-121 of 127.

**Decision rationale:** Regarding the request for Neurotech Aviva TENS XP Unit for a 2 month rental, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Within the documentation available for review, there is no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. Finally, if this is a TENS trial, it exceeds the 30 days recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Neurotech Aviva TENS XP Unit for a 2 month rental is not medically necessary.

**Supply Package (2pk electrodes, 2 each 9 volt batteries, 1 lead wire):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 114-121 of 127 Page(s): 114-121 of 127.

**Decision rationale:** Regarding the request for Supply Package (2pk electrodes, 2 each 9 volt batteries, 1 lead wire), Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Within the documentation available for review, there is no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. Finally, if this is a TENS trial, it exceeds the 30 days recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Supply Package (2pk electrodes, 2 each 9 volt batteries, 1 lead wire) is not medically necessary.