

<b>Case Number:</b>	CM14-0047600		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/09/2011
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 52-year-old male with a 3/9/11 date of injury. At the time (3/13/14) of request for authorization for Home cervical traction unit and TENS unit, there is documentation of subjective findings of neck pain described as aching, sharp and stabbing with pain radiating down arms, along with numbness and tingling in his arms and objective findings of slight cervical paravertebral musculature tenderness, slight bilateral trapezius tenderness, biceps, triceps, and brachioradialis reflexes 1 bilaterally, slight hypesthesia in radial aspect of right forearm and intact in left upper extremity, and 5+ motor strength of trapezius and abductor. The current diagnoses are cervical spine degenerative disc disease, cervical radiculitis, and cervical spinal stenosis. The treatment to date includes physical therapy, home exercise program, and medications including Voltaren gel, Mobic, and Gabapentin. Regarding TENS unit, 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, and a treatment plan including the specific short- and long-term goals of treatment with the TENS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home cervical traction unit:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back; Traction.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Traction.

**Decision rationale:** California MTUS reference to ACOEM guidelines identifies that traction is not recommended for managing neck and upper back complaints. ODG identifies that home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces) is recommended for patients with radicular symptoms, in conjunction with a home exercise program. Within the medical information available for review, there is documentation of diagnoses of cervical spine degenerative disc disease, cervical radiculitis, and cervical spinal stenosis. In addition, given documentation of subjective (neck pain with pain radiating down arms, along with numbness and tingling in his arms) and objective (slight hypesthesia in radial aspect of right forearm) findings, there is documentation of radicular symptoms. Furthermore, there is documentation patient performing a home exercise program. Therefore, based on guidelines and a review of the evidence, the request for Home cervical traction unit is medically necessary.

**TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116.

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

**Decision rationale:** California MTUS Chronic Pain Medical Treatment 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. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of cervical spine degenerative disc disease, cervical radiculitis, and cervical spinal stenosis. In addition, there is documentation of pain of at least three months duration and evidence that other appropriate pain modalities have been tried (including medication) and failed. 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, and a treatment plan including the specific short- and long-term goals of treatment with the TENS. Therefore, based on guidelines and a review of the evidence, the request for TENS unit is not medically necessary.

