

<b>Case Number:</b>	CM14-0053307		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/26/2003
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 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 46 year-old patient sustained an injury on 6/26/03 while employed by [REDACTED]. Request under consideration include tens unit machine with supplies and replacement batteries. Report of 6/27/12 from surgical provider noted patient with chronic pain; medications helpful. Exam showed well-healed cervical spine incision; full range of motion intact; tenderness of spinous process. X-rays showed hardware of C5-7 and no other significant abnormality detected. Treatment included meds, topical compound creams, and EMG/NCS. The patient remained TTD. Hand-written somewhat illegible report of 11/25/13 noted patient spoke to psychiatrist who recommended d/c Paxil; patient feels persistent pain and inflammation. Exam showed C/s well healed incision; positive tenderness of paraspinals; decreased range secondary to ; right hand with positive Tinel's/Phalen's. Treatment for referral to hand surgeon regarding CTS; psychiatry; MRI of C/s. The patient remained not working. from the provider Hand-written somewhat illegible report of 2/28/14 from the provider noted the patient with chronic right wrist pain radiating up to cervical spine; sharp pain in the neck was resolved with medications. Exam showed tenderness of the cervical paraspinals; right wrist with positive Tinel's and Phalen's. Diagnoses included cervical radiculitis/neuritis; the patient is s/p cervical fusion of C5-7 on 1/11/11. Medications list Percocet, Colace, Doral, Naproxen, Flurbiprofen, Prilosec, and Oxycontin. The request for tens unit machine with supplies and replacement batteries was modified for one month trial on 3/28/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT MACHINE WITH SUPPLIES AND REPLACEMENT BATTERIES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Transcutaneous Electrotherapy, H-Wave Stimulation Page(s): 115-118.

**Decision rationale:** This patient sustained an injury on 6/26/03 while employed by [REDACTED]. Request under consideration include tens unit machine with supplies and replacement batteries. Report of 6/27/12 from surgical provider noted patient with chronic pain; medications helpful. Exam showed well-healed cervical spine incision; full range of motion intact; tenderness of spinous process. X-rays showed hardware of C5-7 and no other significant abnormality detected. Treatment included meds, topical compound creams, and EMG/NCS. The patient remained TTD. Hand-written somewhat illegible report of 11/25/13 noted patient spoke to psychiatrist who recommended d/c Paxil; patient feels persistent pain and inflammation. Exam showed C/s well healed incision; positive tenderness of paraspinals; decreased range secondary to ; right hand with positive Tinel's/Phalen's. Treatment for referral to hand surgeon regarding CTS; psychiatry; MRI of C/s. The patient remained not working. from the provider Hand-written somewhat illegible report of 2/28/14 from the provider noted the patient with chronic right wrist pain radiating up to cervical spine; sharp pain in the neck was resolved with medications. Exam showed tenderness of the cervical paraspinals; FROM; right wrist with positive Tinel's and Phalen's (unchanged findings). Diagnoses included cervical radiculitis/neuritis; the patient is s/p cervical fusion of C5-7 on 1/11/11. Medications list Percocet, Colace, Doral, Naproxen, Flurbiprofen, Prilosec, and Oxycontin. Treatment included TENS unit; follow-up with hand surgeon to obtain x-rays and MRI of C/s, topical compound meds continued and to remain off work. The request for tens unit machine with supplies and replacement batteries was modified for one month trial on 3/28/14. Transcutaneous Electrotherapy is not recommended as an isolated intervention, but a one-month home-based trial of neurostimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications which have not been demonstrated in this case. Criteria also includes notation on how often the unit was to be used, as well as outcomes in terms of pain relief and function of other ongoing pain treatment during this trial period including medication usage. A treatment plan should include the specific short- and long-term goals of treatment with the TENS unit. There is no clinical exam documenting limitations in ADLs, specific neurological deficits, or failed attempts with previous conservative treatments to support for the TENS unit, not recommended as a first-line approach or stand-alone treatment without an independent exercise regimen towards a functional restoration program. Submitted reports have not demonstrated having met these guidelines criteria. The TENS unit machine with supplies and replacement batteries is not medically necessary and appropriate.