

<b>Case Number:</b>	CM14-0087315		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 Interventional Spine 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:

The patient is a 41-year-old female with an injury dated on 09/13/2012. According to the utilization review letter provided from 03/23/2014, the patient complains of cervical spine pain which radiates into the bilateral upper extremities with numbness and tingling. Upon examination, the patient had a positive cervical distraction, maximal foraminal test, and a shoulder decompression. The patient's diagnoses include the following: 1. Displacement, cervical disk without myelopathy. 2. Internal derangement, shoulder region. 3. Carpal tunnel syndrome. The request is for a home Transcutaneous Electrical Nerve Stimulation (TENS) device for purchase. The utilization review determination being challenged is dated 03/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home TENS Device for Purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 115-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**Decision rationale:** According to the utilization review letter, the patient complains of cervical spine pain which radiates into the bilateral upper extremities with numbness and tingling. The request is for a home TENS device for purchase. MTUS Guidelines state, "A 1-month trial of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial." Review of the report showed that the patient has not yet had a 1-month trial of the TENS unit. Therefore, the request is not medically necessary.