

<b>Case Number:</b>	CM14-0098982		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	06/06/2011
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Nevada. 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 records, presented for review, indicate that this 51-year-old female was reportedly injured on June 6, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 2, 2014, indicated that there were ongoing complaints of neck pain. The physical examination demonstrated a 5'6", 180 pound individual with a guarded gait pattern. There was tenderness to palpation of the posterior cervical spine. Some muscle spasms are noted, and a decreased range of motion was reported. Diagnostic imaging studies objectified changes consistent with a cervical fusion, a normal shoulder. Previous treatment included anterior cervical discectomy and fusion of multiple levels, multiple medications, physical therapy and pain management interventions. A request had been made for electrode pad (4 lead) for TENS unit- replacement pads and was not certified in the pre-authorization process on 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electrode Pad (4 Lead) for TENS Unit- Replacement Pads:** 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 Page(s): 117.

**Decision rationale:** The MTUS recommends against using a TENS unit as a primary treatment modality and indicates that a one-month trial must be documented prior to purchase of the unit. Based on the clinical documentation provided, the TENS unit is being used as a primary treatment modality and there is no documentation of any efficacy, increased functionality or decrease in pain medication use. As such, this request is not medically necessary.