

<b>Case Number:</b>	CM14-0164970		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	11/30/2011
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 43-year-old male who reported an injury on 11/01/2011 due to a slip on ice. The clinical note dated 09/08/2014 noted the injured worker complains of neck and back problems. He noted to have neck and left arm radicular pain with numbness and tingling into the ulnar 3 digits. Current medications included gabapentin and Valium. Prior therapy included medications and the use of a traction device. Upon examination of the neck, there was tenderness to palpation over the paraspinal muscles with pain, positive left sided Spurling's test. 5/5 strength and intact sensation to light touch and pinprick bilaterally. Diagnoses were cervical discogenic pain, cervical radiculopathy, lumbar degenerative disc disease, lumbar discogenic pain, and lumbar radiculopathy. The provider recommended a TENS unit electrodes x10. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit electrodes x 10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

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

**Decision rationale:** The request for TENS unit electrodes x 10 is not medically necessary. The California MTUS Guidelines state that a TENS unit is not recommended as a primary treatment modality. A 1 month home based TENS trial may be considered as a noninvasive conservative option when used as an adjunct to a program of evidence based functional restoration. The results of studies are inconclusive and the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. There is lack of documentation indicating significant deficits upon physical exam. The efficacy of the injured worker's previous courses of conservative treatment were not provided. It is unclear if the injured worker underwent an adequate TENS trial. Additionally, the site at which the TENS was indicated for was not submitted in the request. As TENS unit is not medically necessary, a TENS unit electrode would not be indicated. As such, medical necessity has not been established.