

<b>Case Number:</b>	CM14-0176566		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	01/13/2014
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	09/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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

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 patient is a 30 year old male with an injury date of 01/13/14. Per physician's progress report dated 09/18/14, the patient complains of activity-associated, stabbing neck pain, rated at 4/10, along with tingling. The activity-dependent low back pain is rated at 9/10. Physical examination of the cervical spine reveals tenderness to palpation and spasms in the bilateral paravertebral muscles. Cervical compression and shoulder depression tests are painful. The range of motion is decreased and painful as well. Physical examination of the lumbar spine also reveals tenderness and spasms in the lumbar paravertebral muscles along with painful straight leg raise, Valsalva's and Kemp's test bilaterally. The lumbar range of motion is painful and decreased as well. The patient has had 22 sessions of physical therapy till date, as per progress report dated 08/14/14. Medications, as per progress report dated 04/18/14, include Ibuprofen, Prilosec and Mentheroderm cream. The patient is off work, as per progress report dated 09/18/14. X-ray of the Thoracic Spine, 01/22/14: Minimal dextroscoliosis of the thoracic. X-ray of the Cervical Spine, 04/15/14: Mild scoliosis Diagnoses, 09/18/14: Cervical sprain/strain Cervical myofascitis Cervical disc protrusion Lumbosacral sprain/strain Lumbar muscle spasm Lumbar disc protrusion Possible pars defect of L5 Rule out cervical radiculitis vs radiculopathy. The utilization review determination being challenged is dated 09/27/14. Treatment reports were provided from 01/22/14 - 09/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit for the cervical spine (unknown purchase or rental): U p h e l d**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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

**Decision rationale:** The patient presents with neck pain, rated at 4/10, along with tingling and low back pain, rated at 9/10, as per progress report dated 09/18/14. The request is for TENS TWO LEAD. For TENS unit, MTUS guidelines, on page 116, require (1) Documentation of pain of at least three months duration (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) A one-month trial period 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. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage (5) A treatment plan including the specific short- and long-term goals of treatment with the Tens unit should be submitted (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Criteria for Use of Tens Unit on page 116 and state that "There is evidence that other appropriate pain modalities have been tried (including medication) and failed." Also, the recommended trial period is for only 30 days. In this case, the patient has chronic neck and back pain, in spite of medications, physical therapy and other treatment modalities. He may, therefore, benefit from a TENS unit. However, the treater does not state if the request is for a rental or a purchase. There is no documentation of prior trial and outcome in terms of pain relief and improvement in function. The reports lack the information required to make a determination based on MTUS. The request IS NOT medically necessary.