

<b>Case Number:</b>	CM14-0179151		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 52 year old female with an injury date on 10/17/2011. Based on the 07/22/2014 progress report provided by the treating physician, the diagnoses are:1. Trigger finger2. CervicalgiaAccording to this report, the patient complains of sharp "constant pain in the cervical spine that is aggravated by repetitive motions of the neck, pushing, pull, lifting, forward reaching and working at or above the shoulder level." Pain is an 8/10. Physical exam reveals tenderness at the cervical paravertebral muscles. Cervical range of motion is limited. Axial loading compression test and Spurling's maneuver are positive.The treatment plan is refills medications and request for physical therapy. The patient is to "return to modified work." There were no other significant findings noted on this report. The utilization review denied the request for purchase of TENs unit muscle stimulator on 10/01/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 04/15/2014 to 07/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of TENS Unit Muscle Stimulator:** 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 Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

**Decision rationale:** According to the 07/22/2014 report, this patient presents with sharp "constant pain in the cervical spine." The current request is for purchase of TENs unit muscle stimulator but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 07/22/2014 and the utilization review letter in question is from 10/01/2014. Regarding, muscles stimulator, MTUS guidelines state "Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain." This patient presents with chronic neck back pain for which this unit is not indicated. The current request is not medically necessary.