

<b>Case Number:</b>	CM14-0187579		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	05/08/2014
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Family Medicine and is licensed to practice in New York and New Jersey. 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 injured worker is a 35 year-old male who was injured on 5/8/14 after falling off ladder six feet high, landing on back, hitting right side of head and neck. He complained of blurry vision, headache, cervical and thoracic pain, and wrist pain. He currently complains of neck and mid-back pain, occasional numbness in the left hand and pain the right wrist. On exam, he had painful cervical range of motion, tender cervical and thoracolumbar paraspinal muscles. A 5/2014 x-ray of right wrist showed no acute fracture, small linear foreign body in the soft tissues over the dorsum of the hand. A cervical x-ray showed no definite acute findings and moderate mid-cervical degenerative spondyloarthropathy. A thoracic x-ray showed mild degenerative disc changes, no acute findings. A 8/2014 MRI of cervical spine showed broad-based C4-5 and C5-6 disc osteophyte complex with effacement of the anterior CSF, multilevel cervical arthropathy and neural foraminal stenosis most severe at C4-5, C5-6, no cord compression or evidence of myelopathy. Electrodiagnostic testing showed bilateral lumbar radiculopathy and probable bilateral carpal tunnel syndrome. He was diagnosed with cervical degenerative disc disease, cervical sprain/strain, severe neuroforaminal stenosis, cervical radiculopathy, contusion of the right wrist, neck/head, and myofascial pain. Treatment included physical therapy, chiropractic sessions, TENS unit, and medications including Cyclobenzaprine, Naproxen, Methoderm, and Omeprazole. The current request is for TEN unit patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit Patches x 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

**Decision rationale:** The request is not medically necessary. A trial of TENS unit is reasonable as an adjunct to a functional restoration program when other conservative appropriate pain modalities have failed. The patient had improved with physical therapy and chiropractic sessions. His response to the medications is not clear. The patient was not documented to have failed conservative therapy at this point. As per MTUS guidelines, TENS "does not appear to have an impact on perceived disability or long-term pain" in the management of chronic low back pain. A trial of the TENS unit was not authorized. There is no clear reason to recommend a TENS unit and therefore, TENS patches at this time. The request is considered not medically necessary.