

<b>Case Number:</b>	CM14-0194095		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	02/24/2014
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas & Oklahoma. 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 36-year-old male who reported injury on 02/24/2014. The injury reportedly occurred when the injured worker was reaching down to pick up a board; he felt a pop in his back. The injured worker's diagnoses include thoracic strain, thoracolumbar strain, and cervical strain. The injured worker's past treatments included chiropractic treatment, hot compresses, activity modifications, medications, a cervical epidural steroid injection, and physical therapy. The injured worker's diagnostic testing included an MRI of the neck spine without contrast, performed on 06/19/2014, which was noted to reveal mild canal narrowing at C3-4; relatively severe neural foramina narrowing on the right at C3-4 due to uncovertebral joint arthrosis which could cause right sided radicular symptoms; and mild to moderate right neural foramina narrowing at its entry zone at C5-6 related to a tiny right posterior disc protrusion. There were no relevant surgeries included in the documentation. On 11/07/2014, the injured worker complained of back pain. He reported his symptoms are unchanged since the previous visit. He reported the discomfort was most prominent in the lower cervical spine and in the upper thoracic spine. He reported some pain relief with NSAIDS, muscle relaxants, TENS unit, and epidural steroid injection. The pain worsens with neck movements. Upon physical examination, the injured worker was noted with pain elicited over the lower cervical spinous processes and cervical paraspinal muscles and thoracic paraspinal muscles. Sensation intact to light touch and pain and muscular strength was graded at 5/5. He was noted with full active and passive range of motion in flexion, extension, and lateral flexion and rotation. The injured worker's medications were noted to include Robaxin 750 mg and Voltaren 75 mg. The request was for TENS unit for purchase. The rationale for request was not clearly provided. The Request for Authorization Form was not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit for Purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

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

**Decision rationale:** According to the California MTUS Guidelines, "transcutaneous electrotherapy is not recommended as a primary treatment modality, but a one month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration. While TENS may reflect the long standing accepted standard of care within many medical communities, the results of studies are inconclusive. 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. The criteria for the use of TENS include documented evidence that other preferred pain modalities have been tried (including medication) and failed; 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; other ongoing pain treatment should also be documented during the trial period including medication usage; a treatment plan including the specific short and long term goals of treatment with the TENS unit should be submitted; a 2 lead unit is generally recommended; if a 4 lead unit is recommended, there must be documentation of why this is necessary". The documentation indicated that a trial of the TENS unit was successful. However, there was not sufficient documentation with how often the unit was used, as well as outcomes in terms of pain relief and function. The documentation did not indicate if the TENS unit was used as an adjunct to ongoing treatment modalities within a functional restoration approach nor did it include medication usage during the trial period. The documentation did not include sufficient evidence of a treatment plan including the specific short and long term goals of treatment with the TENS unit, nor was it specified whether a 2 lead or 4 lead unit was desired. As such, the request is not supported. Therefore, the request is not medically necessary.