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| <b>Case Number:</b>   | CM14-0197958 |                              |            |
| <b>Date Assigned:</b> | 12/08/2014   | <b>Date of Injury:</b>       | 04/21/2006 |
| <b>Decision Date:</b> | 01/22/2015   | <b>UR Denial Date:</b>       | 11/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/25/2014 |

### 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 Occupational Medicine 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:

This is a 61-year-old male with a 4/21/06 date of injury. According to a progress report dated 11/6/14, the patient complained of ongoing pain in the neck and right wrist. He has completed 8 sessions of electro-acupuncture treatment and found it helpful in improving his pain, range of motion, and tightness. He reported his pain as a 7/10 without medication and a 5/10 with medication. He utilized a TENS unit, but his patches had worn off and he no longer had 9 volt batteries. Objective findings: cervical spine, mild cervical paraspinous tenderness to palpation with myofascial tightness noted; DTR equal in bilateral upper extremities; motor strength equal bilaterally. Diagnostic impression: cervical disc injury, cervical sprain/strain injury, right wrist tendonitis, right lateral epicondylitis, carpal tunnel syndrome. Treatment to date: medication management, activity modification, TENS unit, electro-acupuncture treatment. A UR decision dated 11/18/14 denied the request for TENS unit patches and 9 volt batteries, cervical spine, monthly for 6 months. A specific rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit Patches and 9 Volt Batteries, Cervical Spine, Monthly for 6 Months:** Upheld

**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): 114-116.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that 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 and that other ongoing pain treatment should also be documented during the trial period including medication. In the present case, it is noted that the patient has been utilizing a TENS unit and needs replacement pads and batteries. However, the specific subjective and objective functional improvements directly related to the use of TENS unit are not clearly outlined. There is no documentation of the use of a TENS unit in physical therapy, medication management, or instruction and compliance with an independent program. There is no documentation of decreased medication use as a result of using the TENS unit. Because the medical necessity of the continued use of a TENS unit has not been established, this request for TENS supplies cannot be substantiated. Therefore, the request for TENS Unit Patches and 9 Volt Batteries, Cervical Spine, Monthly for 6 Months was not medically necessary.