

<b>Case Number:</b>	CM14-0199713		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	10/10/2013
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 50 year old patient with date of injury of 10/10/2013. Medical records indicate the patient is undergoing treatment for cervical spine myofasciitis, cervical spine sprain/strain, lumbar spine sprain/strain with radiculopathy and lumbar spine disc degeneration/herniation. Subjective complaints include thoracic, lumbar and cervical spine pain, rated 7-10/10. Objective findings include tenderness to palpation over cervical, thoracic and lumbar spines, positive Spurling's test and decreased cervical ROM. Treatment has consisted of acupuncture, home exercise program, physical therapy, Tramadol and Omeprazole. The utilization review determination was rendered on 11/17/2014 recommending non-certification of TENS unit for cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transcutaneous Electrical Nerve Stimulation (TENS) Unit for Cervical Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Inferential Current Page(s): 118-120.

**Decision rationale:** The MTUS states that inferential current units are "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." Further, MTUS states; "although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique." Guidelines recommend a one month home-based trial for TENS therapy, in conjunction with other conservative treatments. The treating physician has not provided the outcome of this trial or the goals for TENS therapy. As such, the request for TENS Unit for Cervical Spine is not medically necessary.