

<b>Case Number:</b>	CM14-0209036		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	03/31/2008
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Internal 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:

The injured worker (IW) is a 63-year-old man with a date of injury of March 31, 2008. The mechanism of injury was a fall. The injured worker's working diagnoses are status post traumatic fall; cervical degenerative disc disease; shoulder sprain/strain; lumbar degenerative disc disease; poor coping with chronic pain; history of diabetes mellitus; and cervicogenic headache. Pursuant to the progress note dated November 19, 2014, the IW complains of pain to the low back and right shoulder rated 6/10. Objective findings include decreased range of motion to the cervical, shoulder, and lumbar regions. There are parasoinal musculature spasms. Current medications include Frova 2.5mg, Meclizine 25mg, Norco 5/325mg, Topirimate 100mg, and Docusate 100mg. Norco and Topirimate reduce his pain by 75% and improve his ability to perform activities of daily living. The treatment plan includes continue self-care. Home exercise program and TENS. Medications were refilled. The current request is for TENS patch X 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tens Patch times 1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, TENS Unit.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS patch times one is not medically necessary. After a successful one month trial, continued TENS treatment may be recommended if the physician documents the patient is likely to derive significant therapeutic benefit from the continuous use of the unit over a long period of time. In this case, the injured worker's working diagnoses are status posttraumatic fall; cervical degenerative disc disease; shoulder sprain/strain; lumbar degenerative disc disease; poor coping with chronic pain; and history diabetes/cervicogenic headaches. The documentation does not contain serial follow-up with objective functional improvement or the efficacy of the tens unit. The documentation does not indicate the location to which the TENS unit is applied the injured worker has injuries to the neck, shoulder and lower back. The guidelines requires ongoing documentation of how often the unit is used in addition to outcomes in terms of pain relief and function and whether there is a decrease in medication use. The documentation does not contain any ongoing documentation. Consequently, absent clinical indication to support the ongoing use of a TENS unit and objective functional improvement with the TENS, TENS unit patch times one was not medically necessary.