

<b>Case Number:</b>	CM14-0217728		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	06/11/1995
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 55 year old female, who sustained an industrial injury on 6/11/95. She reported extensive head and back injuries. The injured worker was diagnosed as having pain in joint involving other specified sites, status post spinal cord stimulator implant, degenerative disc disease, lumbar degenerative disc disease, cervicalgia, brachial neuritis or radiculitis, displacement cervical intervertebral disc, acute reactions to stress and hypertensive heart disease. Treatment to date has included transforaminal epidural L3-4 right and left, occupational therapy, spinal fusion, cervical fusion, chronic pain medications including narcotics and muscle relaxants, spinal cord stimulator. Currently, the injured worker complains of chronic head and neck pain. On physical exam it is noted the injured worker has increased left upper extremity and severe neck pain. Medications provide functional benefit and allow the injured worker to perform activities of daily living. The treatment plan included continuation of oral medications, continuation with psychiatrist, authorization of epidural steroid injection, (CT) computerized tomography scan of left hip and TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** TENS unit supplies are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The 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. The documentation is unclear if the patient has had a positive outcome from any prior TENS use. There is no evidence of functional improvement or documentation of how often the unit is being used. Additionally, the request does not specify a quantity. For these reasons TENS unit supplies are not medically necessary.