

<b>Case Number:</b>	CM15-0004997		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, 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 27 year old male, who sustained an industrial injury on 10/25/2013. On provider visit 10/29/2013 has reported that he received injuries to his head and neck. On examination he was noted to have tenderness over suboccipital region, scalene and trapezius muscles, lumbar paraspinal muscles, and lumbosacral junction. The diagnoses have included headaches, cervical spine sprain/strain rule out HNP (herniated nucleus pulposus), rule out cervical radiculopathy, low back pain, lumbar spine sprain/strain rule out HNP and rule out lumbar radiculopathy. Treatment to date has included x-rays, medications, physical therapy and injections. Currently, the injured worker complains of headaches, neck pain and low back pain. Treatment plan included x-rays of the cervical and lumbar spine, TENS units with supplies for home use, Hot/Cold unit, physiotherapy for cervical and lumbar spine, shockwave therapy, MRI cervical and lumbar spine, Electromyogram/nerve conduction velocity studies, medication, localized intense neurostimulation therapy and terocine patches. On 12/02/2014 Utilization Review non-certified one month supplies (electrodes, batteries & lead wires), and TENS Unit purchase. The MTUS, ACOEM Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit, purchase:** 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 Transcutaneous Electrical Nerve Stimulation Page(s): 114.

**Decision rationale:** According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a positive one month trial of TENS. There is no recent documentation of recent flare of his pain. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the prescription of TENS unit (purchase) is not medically necessary.

**One month supplies (electrodes, batteries & lead wires), purchase:** 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 Transcutaneous Electrical Nerve Stimulation Page(s): 114.

**Decision rationale:** Since the the prescription of TENS unit (purchase) is not medically necessary, the one month supplies is not certified.