

<b>Case Number:</b>	CM15-0103813		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	03/28/2014
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 54 year old female, who sustained an industrial injury on March 28, 2014. Treatment to date has included TENS unit. Currently, the injured worker complains of neck pain. She describes the pain as aching, throbbing, tingling, and numbness. A comprehensive muscular activity profile performed on March 12, 2015 revealed chronic injury in the left sternocleidomastoid, right sternocleidomastoid muscle, left scalene, left paracervicals and left upper trapezius muscles. She had decreased range of motion in the cervical lateral bend to the left and the right in all activities tested. The diagnoses associated with the request include fibromyalgia. The treatment plan includes continuation of TENS therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit one month trial with supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Blue Cross Blue Shield CMS Aetna and Humana VA.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**Decision rationale:** The patient is a 54 year old female with an injury on 03/24/2014. She has neck pain. She also has a listed diagnosis of fibromyalgia. MTUS, ACOEM guidelines page 173 note that TENS (transcutaneous electrical neurostimulation) unit treatment has no proven efficacy in the treatment of neck and upper back symptoms. It is not medically necessary for this patient.