

<b>Case Number:</b>	CM15-0143212		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	08/12/2006
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 58 year old female who sustained an industrial injury on 8-12-06. Treatments include: medication, physical therapy, injections, cervical spinal cord stimulator placement and removal and surgery. Progress report dated 6-9-15 reports increased neck pain and headaches along with pain that radiates down both upper extremities. The pain is aggravated by bending, twisting and turning. She remains symptomatic after having undergone two-level fusion on 12-10-07. The last epidural injection performed on 6-3-13 provided 50% pain relief allowing her to cut back on norco. She also has continued complaints of lower back pain. After lumbar fusion on 12-8-14, her radicular symptoms have improved. She still needs postoperative physical therapy. She has developed left shoulder pain likely a result from chronic neck pain. Diagnoses include: status post L3-S1 interbody fusion with residuals, non industrial, left lower extremity radiculopathy, status post anterior cervical discectomy fusion on 12-10-07 with bilateral upper extremity radiculopathy, left greater than right, bilateral carpal tunnel left greater than right and medication induced gastritis. Plan of care includes: request fluoroscopically guided cervical epidural steroid injection, after consent received 4 trigger point injections with reported greater than 50% relief in pain and medications refilled. Follow up with orthopedic for the lumbar spine non-industrial. Return for follow up in 1 month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit combo, Electrodes and batteries, set-up delivery:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, ICS. Decision based on Non-MTUS Citation [REDACTED], CMS, [REDACTED], VA, EFNS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

**Decision rationale:** According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant injury resulted in spinal cord complications and subsequent surgery. The claimant has undergone numerous interventions. A month trial as request is appropriate and the request for the electrodes and batteries as above is medically necessary.