

<b>Case Number:</b>	CM15-0035433		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	07/14/2010
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old male, who sustained an industrial injury on 7/14/10. The injured worker has complaints of neck pain with numbness/tingling in bilateral upper extremities. The diagnoses have included cervical disc degeneration; cervical disc disorder with myelopathy and chronic pain syndrome. Treatment to date has included chiropractic adjustments; stretching; heat/ice; traction; acupuncture and medications. According to the utilization review performed on 1/27/15, the requested Transcutaneous Electrical Nerve Stimulation (TENS) Unit Zynex Nezwave 9-12 months (cervical spine) has been non-certified. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain, page 114 was used in the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit Zynex Nezwave 9-12 months (cervical spine): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68.

**Decision rationale:** The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is no documentation that a trial period with a rented TENS unit has been completed. Purchase of a TENS unit Zynex Nezwave 9-12 months (cervical spine) is not medically necessary.