

<b>Case Number:</b>	CM15-0057105		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	08/18/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Massachusetts

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

### 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 48-year-old male, who sustained an industrial injury on 08/18/2014. He reported injuries to his neck and back with radiation to his shoulder and lower extremities. The injured worker is currently diagnosed as having cervical degenerative disc disease, cervical strain, and cervical root injury. Treatment to date has included lumbar spine MRI, electromyography/nerve conduction studies, physical therapy, chiropractic treatment, and medications. In a progress note dated 01/12/2015, the injured worker presented with complaints of pain in his bilateral shoulder, neck, head, chest, left hip, low back, and lower extremities pain. The treating physician reported requesting authorization for Transcutaneous Electrical Nerve Stimulation Unit for purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of TENS Unit:** 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 Electrotherapy Page(s): 114.

**Decision rationale:** The claimant sustained a work-related injury in August 2014 and continues to be treated for neck pain with radiating symptoms. When seen, the requesting provider documents that the claimant had started using TENS with benefits including increased range of motion. The duration of use was not specified. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. Since there is no adequately documented trial of TENS, purchasing a TENS unit is not medically necessary.