

<b>Case Number:</b>	CM15-0233646		
<b>Date Assigned:</b>	12/09/2015	<b>Date of Injury:</b>	01/25/2005
<b>Decision Date:</b>	01/14/2016	<b>UR Denial Date:</b>	11/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/30/2015

### 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 70 year old male, who sustained an industrial injury on 1-25-05. The injured worker is diagnosed with cervicgia and cervical disc disorder (unspecified, mid cervical region). Notes dated 11-3-15 and 11-17-15 reveals the injured worker presented with complaints of neck pain. Physical examinations dated 11-3-15 and 11-17-15 revealed decreased and painful cervical spine range of motion; trigger point area is appreciated. There is numbness, weakness and tingling in the C6 distribution in the left arm. Treatment to date has included home exercise program. Trigger point injection provided approximately 100% relief in pain lasting several weeks, per note dated 11-17-15. Per note dated 11-3-15 the cervical spine fusion C4-C6 provided benefit with left arm pain; however he continues to experience left arm weakness and pain and TENS unit "worked well" per note dated 11-3-15. Diagnostic studies include cervical spine x-ray. A request for authorization dated 11-12-15 for TENS unit (transcutaneous electrical nerve stimulation) for purchase and supplies is denied, per Utilization Review letter dated 11-19-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transcutaneous electrical nerve stimulation (TENS) unit (purchase) & supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The claimant has a remote history of a work injury occurring in January 2005 and underwent a multilevel cervical fusion from C4-C6. He was seen in November 2015 and was having a significant aggravation of neck pain over the last month. Physical examination findings included decreased and painful cervical spine range of motion with a trigger point. There was C6 distribution weakness, numbness, and tingling on the left side. An x-ray showed expected postsurgical changes with adjacent segment degeneration. A trigger point injection was performed. He was provided with a prescription for a TENS unit. The report references having used TENS previously and it had worked well. Authorization was requested for upper extremity electrodiagnostic testing and a continued home exercise program was recommended. In terms of TENS, although not recommended as a primary treatment modality, a one-month home-based TENS trial may be considered as a noninvasive conservative option. Indications include pain, inflammation, and muscle spasm and, if effective, can be performed independently by the patient. Low cost basic TENS units are available for home use and supplies such as electrodes can be reused many times. In this case, the claimant's symptoms had been present for less than one month and a trigger point injection was performed. If TENS had been used previously then how often the unit was used, as well as outcomes in terms of pain relief would need to be documented to justify continued use. If he already has a TENS unit, then, without identifying a need for replacement, a new unit would not be needed. For any of these reasons, the request cannot be accepted as being medically necessary.