

<b>Case Number:</b>	CM13-0032033		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	10/12/2012
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with a date of injury of 10/12/12. A progress report dated 10/15/13 identifies subjective complaints including daily headaches and neck pain with no radiation. She feels numbness in the hands and fingers, but she was previously diagnosed with carpal tunnel syndrome. No abnormal objective examination findings noted. Diagnoses include mild traumatic brain injury, chronic mixed headaches, s/p nose surgery, and depression. Treatment plan recommends neuropsychological evaluation, follow-up with neurologist, and Zomig. A progress report dated 9/5/13 identifies subjective complaints including daily headaches and neck pain with no radiation. She feels numbness in the hands and fingers, but she was previously diagnosed with carpal tunnel syndrome. No abnormal objective examination findings noted. Diagnoses include mild traumatic brain injury, chronic mixed headaches, s/p nose surgery, and depression. Treatment plan recommends neuropsychological evaluation, follow-up with neurologist, Zomig, and TENS unit for the neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for a TENS Unit for the Neck:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Section on Transcutaneous Electrical Stimulation (TENS) and Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Transcutaneous Electrotherapy Page(s): 114-117.

**Decision rationale:** Regarding the request for TENS unit for the neck, California MTUS cites criteria including: Documentation of pain of at least three months duration; Evidence that other appropriate pain modalities have been tried (including medication) and failed; A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. Within the documentation available for review, there is no clear documentation of these criteria having been met. Furthermore, California MTUS does not support purchase of a TENS unit until a one-month trial of TENS has shown improved pain relief and function. In light of the above issues, the currently requested TENS unit for the neck is not medically necessary.