

<b>Case Number:</b>	CM14-0100712		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/20/2014
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 patient is a 42 year-old female with date of injury 03/20/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/20/2014, lists subjective complaints as pain in the neck. Objective findings: Examination of the cervical spine revealed tenderness to palpation of the paravertebral muscles with spasm and guarding. Ranges of motion were decreased and painful. Cervical compression test was positive. Diagnosis: 1. Cervicalgia 2. Cervical strain/sprain 3. Cervical muscle spasm 4. Cervical radiculopathy 5. Loss of sleep 6. Sleep disturbance. There was no mention in the records as to whether or not the patient has previously completed any physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable Medical Equipment - Neurostimulator TENS-EMS unit trial (30 days): 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 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 documentation that the patient meets the criteria necessary for a one-month trial of a TENS unit. However, a TENS unit stimulates the nerve endings while the EMS unit stimulates the muscles. The MTUS does not support the use of combination devices. A combination TENS-EMS device is not medically necessary.