

<b>Case Number:</b>	CM14-0116106		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	05/04/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 30 year old female with an injury date of 05/04/12. Based on the 06/30/14 progress report provided by [REDACTED] the patient complains of neck pain rated 8/10 that radiates down bilateral arms to the fingers, right greater than left. Physical examination to the cervical spine revealed tenderness to palpation on C4-C7 spinal vertebral muscles, and bilateral trapezius. Range of motion was limited in all planes. Deep tendon reflexes were normal. Motor exam showed decreased strength bilaterally. Tinnel's sign was positive on the left. Patient has been prescribed Hydrocodone and Ibuprofen. Treater has requested Acupuncture and Trial of TENS. Per progress report dated 06/11/14, patient completed 6 chiropractic sessions. Diagnosis 06/30/14- cervical radiculitis- chronic pain, other- generalized pain [REDACTED] is requesting TENS unit, 30 day trial. The utilization review determination being challenged is dated 07/14/14. The rationale is "there is no indication that the proposed modality will be used in conjunction with a skilled intervention." [REDACTED] is the requesting provider, and he provided treatment reports from 03/13/14 - 06/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit, 30 day trial:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Transcutaneous electrotherapy, TENS, chronic pain Page(s): 114-116.

**Decision rationale:** The patient presents with neck pain rated 8/10 that radiates down bilateral arms to the fingers. The request is for TENS unit, 30 day trial. Physical exam findings reveal that motor exam showed decreased strength bilaterally and Tinnel's sign was positive on the left. According to MTUS guidelines on the criteria for the use of TENS, chronic pain (transcutaneous electrical nerve stimulation) (page(s) 114-116): "Not recommended 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, for the conditions described below. (page 116) Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain." Per progress report dated 06/30/14, patient has been diagnosed with cervical radiculitis. There is no documentation that patient has trialed TENS before. The request is in line with guidelines. The request is medically necessary.