

<b>Case Number:</b>	CM14-0119893		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/19/2008
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 19, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier cervical laminectomy surgery; trigger point injection therapy; unspecified amounts of physical therapy; and subsequent surgical fusion surgery. In a Utilization Review Report dated July 7, 2014, the claims administrator partially approved a request for TENS unit of the cervical spine as a one-month trial rental of the same. The applicant's attorney subsequently appealed. In the IMR application, the applicant's attorney wrote that he was seeking a 'one-month trial of TENS.' In a progress note dated June 19, 2014, the applicant reported ongoing complaints of neck, upper back, and shoulder pain. The applicant was not working, it was acknowledged. Recent cervical CT scanning suggested a solid fusion. Decreased range of motion was noted about the cervical spine. Trigger point injections were given. The applicant was asked to employ Naproxen for pain relief. A TENS unit for home use purposes was prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit Cervical Spine for purchase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Page(s): 116.

**Decision rationale:** As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of and/or provision of a TENS unit beyond an initial one-month trial should be predicated on evidence of a favorable outcome during said one-month trial, in terms of both pain relief and function. In this case, however, there is no evidence that the applicant has in fact had a successful one-month trial of the TENS unit in question prior to the attending provider's request for a purchase of the same. Therefore, the request for a TENS unit purchase is not medically necessary.