

<b>Case Number:</b>	CM14-0140618		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/20/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 Family Medicine, and is licensed to practice in Utah. 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 34 year-old female. The patient's date of injury is 4/20/2013. The mechanism of injury is described as moving a wheelchair patient to their bed, when the other patient in the chair grabbed and pulled on her neck for a prolonged period. The patient has been diagnosed with neck pain, cervical discogenic pain, cervical radiculitis, cervical myofascial pain, cervical facetogenic pain and chronic pain syndrome. The patient's treatments have included work modification, physical therapy, imaging studies, and medications. The physical exam findings dated May 30, 2014 shows the patient's cervical spine with a normal contour, a healed incision scar, and tenderness to palpation over the midline from C5 to T2. Deep tendon reflexes are 1+ and equal for biceps, triceps and brachioradialis. The patient's medications have included, but are not limited to, Vicodin, Motrin Topamax, and Terocin topical cream. The request is for a purchase TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase TENS Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS for Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain, TENS Unit Page(s): 113-115.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for TENS unit. MTUS guidelines state the following: Not recommended as a primary treatment modality. While TENS may reflect the long standing accepted standard of care within many medical communities, the results of studies are inconclusive, the published trials do not provide parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several studies have found evidence lacking concerning effectiveness. A one-month trial may be considered for condition of neuropathic pain and CRPS, phantom limb, multiple sclerosis and for the management of spasticity in a spinal cord injury. There is no indication that this TENS unit will be used as part of a functional rehabilitation program. According to the clinical documentation provided and current MTUS guidelines; A TENS unit is not indicated as a medical necessity to the patient at this time.