

<b>Case Number:</b>	CM14-0145331		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/07/2008
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 and is licensed to practice in Texas and Ohio. 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 injured worker is a 65-year-old female who reported an injury on 04/07/2008; the mechanism of injury was being struck in the right side of the head with a ball. Diagnoses included cervical strain. Past treatments included TENS, medications, and a home exercise program. Diagnostic studies included an MRI of the cervical spine on 03/25/2013 which revealed osteophyte and joint spurring at C5-C8 resulting in mild central canal and moderate neural foraminal narrowing, and mild degenerative changes at C6-7 with no significant central canal or neural foraminal stenosis. Surgical history was not provided. The clinical note dated 08/04/2014 indicated the injured worker complained of neck pain. The most recent physical exam dated 05/19/2014 indicated the injured worker's neck muscles were tight with diminished range of motion. Current medications were not provided. The treatment plan included 1 transcutaneous electrical nerve stimulation unit for permanent use, with electrodes monthly for permanent use, quantity 24. The rationale for the request was pain control. The request for authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One transcutaneous electrical nerve stimulation (TENS) unit, permanent use:** Upheld

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

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

**Decision rationale:** The request for 1 transcutaneous electrical nerve stimulation (TENS) unit, permanent use is not medically necessary. The California MTUS Guidelines indicate that TENS is not recommended as a primary treatment modality, but a 1 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. The injured worker complained of neck pain relieved with a TENS unit; however, there is a lack of clinical documentation regarding the previous use of TENS unit, including the length of use, quantified pain relief, and functional improvement. There is also a lack of clinical documentation to indicate the injured worker was participating in a program of evidence based functional restoration. In addition, the request for the purchase of a unit exceeds the guideline recommendations of a 1 month trial and does not specify the site of treatment. Therefore, the request for 1 transcutaneous electrical nerve stimulation unit for permanent use is not medically necessary.

**Electrodes, monthly for permanent use quantity: 24.00:** Upheld

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

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

**Decision rationale:** As the requested TENS unit is not supported by the documentation, the request for electrodes is also not supported.