

<b>Case Number:</b>	CM14-0149940		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	11/15/2013
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 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 44 year-old patient sustained an injury on 11/15/13 while employed by [REDACTED]. Request(s) under consideration include Prime dual - transcutaneous electrical nerve stimulator /electronic muscle stimulators (TENS/EMS) unit. Diagnoses include cervical spine pain/ disc displacement; shoulder internal derangement/ pain; thoracic spine sprain/strain/ herniated nucleus pulposus (HNP); low back pain/ radiculitis/ disc displacement HNP. Report of 6/24/14 from the provider noted ongoing chronic neck pain rated at 7/10 and spasm with burning sensation and numbness, tingling of upper extremities; radicular low back pain with spasms rated at 7/10 with associated numbness and tingling. Exam of cervical and lumbar spine showed diffuse tenderness in spine and joints, limited range in spine and shoulders with diffuse decreased sensation of C5-T1 dermatomes and L4-S1 dermatomes; and diffuse motor weakness of 4/5 in upper and lower extremities. Medications list Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, and Cyclobenzaprine. Treatment included diagnostic x-rays, TENS unit; acupuncture and chiropractic treatment, Shockwave therapy, functional capacity evaluation (FCE), MRI of cervical, thoracic and lumbar spine along with bilateral shoulders; EMG/NCS of bilateral upper and lower extremities; and medication refills. The request(s) for Prime dual - TENS/EMS unit was non-certified on 8/14/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prime dual - TENS/EMS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy (TENS) for Chronic Pain Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy (TENS) for Chronic Pain Page(s): 114-117.

**Decision rationale:** This 44 year-old patient sustained an injury on 11/15/13 while employed by [REDACTED]. Request(s) under consideration include Prime dual - TENS/EMS unit. Diagnoses include cervical spine pain/ disc displacement; shoulder internal derangement/ pain; thoracic spine sprain/strain/ HNP; low back pain/ radiculitis/ disc displacement HNP. Report of 6/24/14 from the provider noted ongoing chronic neck pain rated at 7/10 and spasm with burning sensation and numbness, tingling of upper extremities; radicular low back pain with spasms rated at 7/10 with associated numbness and tingling. Exam of cervical and lumbar spine showed diffuse tenderness in spine and joints, limited range in spine and shoulders with diffuse decreased sensation of C5-T1 dermatomes and L4-S1 dermatomes; and diffuse motor weakness of 4/5 in upper and lower extremities. Medications list Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, and Cyclobenzaprine. Treatment included diagnostic x-rays, TENS unit; acupuncture and chiropractic treatment, Shockwave therapy, FCE, MRI of cervical, thoracic and lumbar spine along with bilateral shoulders; EMG/NCS of bilateral upper and lower extremities; and medication refills. The request(s) for Prime dual - TENS/EMS unit was non-certified on 8/14/14. Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic opiate analgesics and other medication, extensive physical therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how TENS unit is requested, whether this is for rental or purchase, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in work status, increased in activities of daily living (ADLs), decreased visual analogue scale (VAS) score, medication usage, or treatment utilization from the physical therapy treatment already rendered. The Prime dual - TENS/EMS unit is not medically necessary and appropriate.