

<b>Case Number:</b>	CM14-0216030		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	04/05/2007
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 65 year old female sustained an industrial related injury on 01/15/2007. The initial results of the injury and diagnoses were not provided or discussed. Per the evaluation (11/03/2014), the injured worker's subjective complaints included ongoing cervical and lumbar pain. Objective findings on this report included tenderness to the cervical spine with a range of motion (ROM) that included flexion to one fingerbreadth from the sternum, extension is 30, left rotation is 70 with mild difficulty and neurovascularly intact to the upper extremities. Examination of the lumbar spine revealed tenderness to the lumbosacral spine with a ROM that included flexion of 60, extension 10, bilateral bending of 20, normal motor strength and sensory bilaterally, negative straight leg raises, and normal and equal deep tendon reflexes bilaterally. Treatment to date has included physical therapy and medications. Diagnostic testing has included a MRI of the cervical spine (4 years previously) which revealed mild degenerative changes at C3-C4 with a 2.1 mm broad based disc protrusion affecting the thecal sac with bilateral neuroforaminal narrowing causing effacement of the bilateral encroachment on the left C4 existing nerve root; a 2.5 mm broad based disc protrusion producing bilateral neuroforaminal narrowing causing effacement of the right and impingement on the left C5 existing nerve root; mild to moderate degenerative disc changes at the C5-C6 with a 3.0 mm broad based disc protrusion that abuts the spinal cord producing bilateral neuroforaminal impingement on the left C6 existing nerve root; mild degenerative changes at the C6-C7 level with a 3.0 mm broad based protrusion that abuts the spinal cord producing mild spinal canal narrowing which produces bilateral neuroforaminal narrowing causing effacement of the C7 existing nerve root; mild degenerative changes and

subtle disc bulging at C2-C3 that effaces the thecal sac which produces left neuroforaminal narrowing causing encroachment of the left C3 existing nerve root; and a subtle disc bulge at the C7-T1 level that effaces the thecal sac producing right encroachment on the left T1 existing nerve root. Current diagnoses include cervical spine pain with underlying multilevel spondylosis with degenerative disc protrusions and bilateral foraminal stenosis (particularly at C5-C7), and chronic low back pain. The TENS unit and supplies were not mentioned in this exam report. Treatments in place around the time the TENS unit and supplies were requested included medications and physical therapy. There were no noted changes in the injured worker's clinical condition; however, the injured worker did report that the physical therapy was helping. Functional deficits and activities of daily living were not addressed; therefore, there appears to be no changes in these areas. Work functions and status was noted to be unchanged as the injured worker remained on permanent partial disability. Dependency on medical care was unchanged. On 11/20/2014, Utilization Review modified a request for a TENS unit which was requested on 11/14/2014. The TENS unit was modified to a one (1) month trial based on the absence of a previous TENS unit trial period. The MTUS Chronic Pain guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the modification of a TENS unit. On 11/20/2014, Utilization Review modified a request for TENS unit supplies which was requested on 11/14/2014. The TENS unit supplies were modified to a one (1) month supply based on the absence of a previous TENS unit trial period. The MTUS Chronic Pain and ODG guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the modification of TENS unit supplies.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TENS Unit:** Upheld

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

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

**Decision rationale:** The patient presents with cervical and lumbar spine pain. The request is for a TENS unit. The report with the request is not provided. She has tenderness over her cervical spine, tenderness over her lumbosacral spine, and a decreased range of motion for both the cervical spine and the lumbosacral spine. Per MTUS guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with documentation of functional improvement, additional usage may be indicated. In this case, the provider does not provide any discussion regarding the request. There is no mention of the patient previously using the TENS unit for a 1-month trial as required by MTUS guidelines. There are no discussions regarding any

outcomes for pain relief and function. The provider has not indicated a need for a TENS unit based on the MTUS criteria. There is no diagnosis of neuropathy, CRPS, or other conditions for which a TENS unit is indicated. Therefore, the requested TENS unit is not medically necessary.

**TENS supplies:** Upheld

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

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

**Decision rationale:** The patient presents with cervical and lumbar spine pain. The request is for a TENS supplies. The report with the request is not provided. She has tenderness over her cervical spine, tenderness over her lumbosacral spine, and a decreased range of motion for both the cervical spine and the lumbosacral spine. Per MTUS guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, complex regional pain syndrome (CRPS), spasticity, phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with documentation of functional improvement, additional usage may be indicated. In this case, the provider does not provide any discussion regarding the request. There is no mention of the patient previously using the TENS unit for a 1-month trial as required by MTUS guidelines. There are no discussions regarding any outcomes for pain relief and function. The provider has not indicated a need for a TENS unit based on the MTUS criteria. There is no diagnosis of neuropathy, CRPS, or other conditions for which a TENS unit is indicated. Therefore, the requested TENS unit is not medically necessary.