

<b>Case Number:</b>	CM15-0013201		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	08/26/2011
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: Emergency Medicine

### 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 35 year old male who sustained a work related injury on August 26, 2011, after sustaining arm and neck injuries working as a construction worker. Diagnoses of cervical neck sprain, shoulder sprain and cervical radiculitis was made. Treatment includes narcotic pain medication, physical therapy, acupuncture, home exercise program and Transcutaneous Electrical Nerve Stimulation (TENS) unit. Currently, the injured worker complained of significant discomfort in his neck, stating his neck 'locks up' and now has difficulties with activities of daily living. On January 30, 2015, a request for an electric moist heat pad and Transcutaneous Electrical Nerve Stimulation (TENS) patch times 4 pairs was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transcutaneous Electrical Nerve Stimulator (TENS) Patch times 4 pairs:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic,(transcutaneous electrical nerve stimulation), pages 114 - 116 Page(s): 114-116.

**Decision rationale:** The requested Transcutaneous Electrical Nerve Stimulator (TENS) Patch times 4 pairs, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (Transcutaneous electrical nerve stimulation), pages 114 - 116, note, not recommended as a primary treatment modality, but a one-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 has discomfort in his neck, stating his neck 'locks up' and now has difficulties with activities of daily living. The treating physician has not documented a current rehabilitation program, nor functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor from home use. The criteria noted above not having been met, Transcutaneous Electrical Nerve Stimulator (TENS) Patch times 4 pairs is not medically necessary.

**Electric Heat Pad Moist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**Decision rationale:** The requested Electric Heat Pad Moist is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Initial Care, Physical Modalities, Page 174, recommend hot and cold packs only for the first few days of initial complaints. The injured worker has discomfort in his neck, stating his neck 'locks up' and now has difficulties with activities of daily living. The treating physician has not documented the medical necessity for this DME beyond the initial first few days of treatment. The criteria noted above not having been met, Electric Heat Pad Moist is not medically necessary.