

<b>Case Number:</b>	CM15-0018987		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	12/09/2011
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: 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:

The injured worker is a 42 year old female who sustained an industrial injury on 12/9/11. The injured worker reported symptoms in the cervical spine and upper extremities with associated headaches. The diagnoses included status post C5-C7 anterior cervical discectomy and fusion, bilateral carpal tunnel syndrome, chronic cervical pain; cervical radiculopathy left C5-C6. Treatments to date include C5-C7 anterior cervical discectomy and fusion, oral pain medications and physical therapy. In a progress note dated 12/12/14 the treating provider reports the injured worker "continued to have neck pain which radiates into the interscapular space." On 1/20/15 Utilization Review non-certified the request for home transcutaneous electrical nerve stimulation device (purchase) for cervical / neck. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home TENS device (purchase) for cervical / neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Chronic Pain (Transcutaneous Electrical Nerve Stimulation), C.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

**Decision rationale:** 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, physical therapy, activity modifications/rest, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, functional improvement from trial treatment, 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 ADLs, decreased VAS score, medication usage, or treatment utilization from any TENS treatment already rendered for purchase. The Home TENS device (purchase) for cervical / neck is not medically necessary and appropriate.