

<b>Case Number:</b>	CM15-0118216		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	02/05/2014
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 29 year old female who sustained an industrial injury on February 5, 2014. She has reported neck and back pain and has been diagnosed with thoracic sprain and strain, fibromyalgia/myositis, cervicalgia, spondylosis thoracic. Treatment has consisted of medications, surgery, injections, acupuncture, chiropractic care, and physical therapy. Inspection of the cervical spine revealed abnormality. There was loss of lordosis with some spasm in the paraspinal in the lower cervical levels. There was a palpable twitch and positive trigger points noted in the muscles of the head and neck. There was pain noted when the neck was flexed anteriorly. Extension of the cervical spine was noted to be 60 degrees. Left lateral rotation was 65 degrees. There was painful left lateral rotation of the cervical spine. Right lateral rotation was 65 degrees and was painful. Palpable twitch positive trigger points were noted in the paraspinal muscles. The treatment request included a transcutaneous electrical nerve stimulator (TENS) unit with supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of transcutaneous electrical nerve stimulator (tens) unit with supplies:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy Page(s): 114, 121.

**Decision rationale:** The claimant sustained a work injury in February 2014 and continues to be treated for neck and mid back pain. When seen, trigger point injections had decreased pain by the de-60%. There were cervical and thoracic paraspinal muscle trigger points and decreased and painful cervical range of motion. Authorization for a home TENS unit and for physical therapy for instruction in its use was requested. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of TENS. Purchase of a TENS unit and supplies was not medically necessary.