

<b>Case Number:</b>	CM15-0124813		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	01/14/2015
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 42-year-old male who sustained a work related injury January 14, 2015. Over the course of time, while working as an officer in high profile units, he participated in over one hundred physical interventions. Beginning in 2008, he began to experience neck and low back pain and was treated on a private basis. On January 15, 2015, he underwent cervical spine fusion and was temporarily totally disabled for one and a half months and attended six sessions of physical therapy. According to a doctor's first report of injury, dated June 1, 2015, the injured worker presented with neck pain with occasional pain to the right shoulder, low back pain with numbness and tingling to the bilateral lower extremities, and sleep loss secondary to low back pain. Examination of the cervical spine revealed; axial compression test elicits localized pain; range of motion; flexion 36 degrees, extension 39 degrees, right rotation 63 degrees, left rotation 62 degrees, and right and left lateral flexion are 27 degrees. Examination of the lumbar spine revealed; supine and seated straight leg raise are positive eliciting localized low back pain only, range of motion; flexion 35 degrees, extension 11 degrees, right side bending 14 degrees and left side bending is 13 degrees. Sensation to pinprick and light touch is decreased in the right and left lower extremity over the L5 and S1 dermatomes. Diagnoses are cervical musculoligamentous sprain/strain; lumbar musculoligamentous sprain/strain. At issue, is the request for authorization for a TENS (transcutaneous electrical nerve stimulation) unit.

### 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 Page(s): 114 - 116.

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

**Decision rationale:** According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a positive one-month trial of TENS. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the prescription of TENS unit is not medically necessary.