

<b>Case Number:</b>	CM15-0040234		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	05/10/2013
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Internal 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 52 year old male, who sustained an industrial injury on 05/10/2013. He reported development of low back pain and neck pain secondary to his usual work duties as a delivery driver. The injured worker was diagnosed as having lumbar facet arthropathy, degenerative disc disease at cervical five to six, degenerative disc disease at lumbar five to sacral one with right leg sciatica, and bilateral carpal tunnel syndrome with the left greater than the right. Treatment to date has included medication regimen, magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the lumbar spine, and electromyogram. In a progress note dated 01/28/2015 the treating provider reports constant, dull to sharp pain to the neck that is rated a five on the scale of zero to ten. The treating physician requested a transcutaneous electrical nerve stimulation unit for the cervical area noting that the injured worker has muscle spasms and tightness to the trapezius musculature bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit for the cervical spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, 181-183, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page 114-121. Electrical stimulators (E-stim) Page 45. Functional restoration programs (FRPs) Page 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Electrotherapies. Work Loss Data Institute - Neck and upper back (acute & chronic)  
<http://www.guideline.gov/content.aspx?id=47589>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications. Neuromuscular electrical stimulation (NMES devices) is not recommended. Electroceutical Therapy (bioelectric nerve block) is not recommended. Galvanic Stimulation is not recommended. Microcurrent electrical stimulation (MENS devices) is not recommended. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints, Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that TENS is not recommended. ACOEM Chapter 8 (Page 173-174) states that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat / cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) state that electrotherapies are not recommended. Work Loss Data Institute guidelines for Neck and Upper Back (acute & chronic) state that electrotherapies are not recommended. The periodic report dated 1/28/15 documented a request for a TENS unit for the cervical area. The patient has neck pain. Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) indicate that electrotherapies are not recommended. Work Loss Data Institute guidelines for Neck and Upper Back (acute & chronic) indicate that electrotherapies are not recommended. ACOEM Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that TENS is not recommended. MTUS, ACOEM, ODG, and Work Loss Data Institute guidelines do not support the medical necessity of electrotherapy for neck conditions. Therefore, the request for TENS unit for the cervical spine is not medically necessary.