

<b>Case Number:</b>	CM15-0066650		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	06/27/2008
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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 54 year old female, who sustained an industrial injury on June 27, 2008. She reported neck, right upper extremity pain and diffuse low back pain. The injured worker was diagnosed as having cervical disc displacement without myelopathy, cervical spondylosis without myelopathy, muscle spasm, postlaminectomy syndrome of the cervical region, osteoarthritis, shoulder pain, lumbosacral spondylosis without myelopathy, cervical disc degeneration, cervicgia, pain in the limb, sleep disturbance and long term use of medication. Treatment to date has included diagnostic studies, radiographic imaging, cervical fusion, shoulder surgery, conservative care, medications and work restrictions. Currently, the injured worker complains of neck, right upper extremity pain and diffuse low back pain. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 14, 2014, revealed continued pain as noted. A TENS unit was requested.

### 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 TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS in chronic intractable pain Page(s): 114-116.

**Decision rationale:** The patient presents with neck, right upper extremity pain and diffuse low back pain. The request is for a TENS UNIT. There is no RFA provided and the patient's date of injury is 06/27/08. The diagnoses include cervical disc displacement without myelopathy, cervical spondylosis without myelopathy, muscle spasm, postlaminectomy syndrome of the cervical region, osteoarthritis, shoulder pain, lumbosacral spondylosis without myelopathy, cervical disc degeneration, cervicgia, pain in the limb, sleep disturbance and long term use of medication. The musculoskeletal examination, per 03/13/15 report, revealed "prominent areas of tenderness. The patient has palpable taut bands in the area of their pain and they appear to be soft tissue dysfunction and spasm in the cervical paraspinal, suprascapular, upper extremity and rhomboid region. There is evidence of cervical dystonia and notable head tilt with asymmetry from the midline." Treatment to date has included diagnostic studies, radiographic imaging, cervical fusion, shoulder surgery, conservative care, medications and work restrictions. The patient's work status is unavailable for review. According to MTUS Chronic Pain Management Guidelines the criteria for use of TENS in chronic intractable pain (p116) "a one month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." Per 02/13/15 report, treater states, "I believe the combination of physical modalities, TENS, extremity rehab, and core muscle strengthening would be helpful for the patient." There is no record that patient has trialed a TENS unit in the past. MTUS requires documentation of one month prior to dispensing home units. Furthermore, patient does not present with an indication for TENS unit. MTUS supports units for neuropathic pain, spasticity, MS, phantom pain and others. The request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.