

<b>Case Number:</b>	CM15-0091252		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	03/19/2014
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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 34 year old female who sustained an industrial injury on 03/19/14. Initial complaints and diagnoses are not available. Treatments to date include neck surgery, medications, physical therapy, and acupuncture. Diagnostic studies are not addressed. Current complaints include pain in the upper back, neck and shoulders. Current diagnoses include degenerative disc disease of the cervical spine. In a progress note dated 03/05/15 the treating provider reports the plan of care as the continued acupuncture and Skelaxin. The requested treatments include is a trial of a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of TENS Unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: p. 116, 2010 Revision, Web Edition, Criteria for the use of TENS (transcutaneous electrical nerve stimulator).

**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 and right shoulder pain. The request is for TRIAL OF TENS UNIT. The request for authorization is not provided. The patient is status- post cervical spine surgery, 11/04/14. Physical examination reveals palpable tenderness throughout posterior cervical spine and bilateral musculature. She has a positive Spurling's sign. She has undergone chiropractic care that did give her slight improvement. She went through PT without success. Patient's medications include Skelaxin. Per progress report dated 05/15/15, the patient is working modified duty. 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 of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." Treater does not discuss the request. MTUS requires documentation of one month prior to dispensing home units. Guidelines also require documentation of use of TENS, as an adjunct to other treatment modalities, within a functional restoration approach. MTUS supports TENS units for neuropathic pain, spasticity, MS, phantom pain, and others. However, the treater does not specify the duration the TENS unit is to be trialed. Therefore, the request is not medically necessary.