

<b>Case Number:</b>	CM15-0094489		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	07/28/2013
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 33 year old male, who sustained an industrial injury on July 28, 2013. Treatment to date has included acupuncture, physical therapy, ice/heat therapy, modified work activities, home exercise program and medications. Currently, the injured worker complains of pain in the left side of the neck that radiates into his left shoulder. He rates the pain a 5.5 on a 10-point scale without medications. He reports that the pain is aggravated with activity. The injured worker reports that his pain is alleviated with the use of medications, acupuncture and with icy hot patches. He is continuing home exercise. An MRI of the cervical spine on October 13, 2013 revealed diffuse mild discogenic changes and spondylosis. An MRI of the lumbar spine on November 7, 2012 revealed facet joint arthropathy and moderate bilateral foraminal narrowing of L4-5. On the diagnoses associated with the request include cervicgia, cervicobrachial syndrome and cervical spondylosis without myelopathy. The treatment plan includes bilateral C6-7 selective nerve block, physical therapy/home exercise program, Motrin/Flexeril and home traction unit. A request was received for a TENS four lead unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit for Home Use for Cervical Spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 114.

**Decision rationale:** The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation) - Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. However, it is recommended for a one-month trial to document subjective and objective gains from the treatment. The request meets these criteria and therefore is medically necessary.