

<b>Case Number:</b>	CM13-0023791		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	02/21/2007
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

In a utilization review report of September 3, 2013, the claims administrator denied a request for a combination TENS-EMS device. The applicant's attorney later appealed, on September 13, 2013. An earlier clinical progress note of August 6, 2013 is notable for comments that the applicant reports persistent hand, wrist, knee, low back, and left ankle pain. The applicant is frustrated with their multiple orthopedic complaints. The applicant is obese with a height of 5 feet 3 inches and weight of 180 pounds. Tenderness and soft tissue swelling are appreciated about the left ankle with lower extremity muscle weakness scored at 4/5 bilateral. Naproxen and a combination TENS-EMS unit are endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One month home based trial of a neurostimulator TENS-EMS device:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116-127.

**Decision rationale:** EMS represents a form of neuromuscular stimulation. Neuromuscular stimulation, per page 21 of the MTUS Chronic Pain Medical Treatment Guidelines is not

recommended in the chronic pain context present here. Rather, neuromuscular stimulation is endorsed only in the post-stroke rehabilitative context. While there may have been some support for the conventional TENS unit portion of the request, page 115 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that criteria for the usage of TENS include evidence of chronic intractable pain of greater than three months' duration in individuals in whom other appropriate pain modalities, including pain medications, have been tried and/or failed. In this case, the medical records do not indicate that the applicant has had persistent pain complaints despite introduction of pain medications. Since the EMS (NMES) portion of the request is not recommended, the entire device is considered to carry an unfavorable recommendation and cannot be supported. The request for a one month home based trial of a Neurostimulator TENS-EMS device is not medically necessary and appropriate.