

<b>Case Number:</b>	CM13-0044956		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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. The expert 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 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/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:

The applicant has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of June 14, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; CT scanning of the cervical spine of May 22, 2013, notable for low-grade degenerative changes of uncertain clinical significance; and unspecified amounts of manipulative therapy. In a handwritten progress note of August 23, 2013, the applicant presents with neck pain, headaches, and psychological effects. The applicant is apparently attending physical therapy. Tramadol, Imitrex, and a psychological consultation are endorsed. It appears that the stimulator device was endorsed through usage of preprinted checkboxes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **AN IN-HOME TRIAL OF A NEUROSTIMULATOR TENS-EMS UNIT (6 MONTH RENTAL): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

**Decision rationale:** The EMS component of the device represents a form of neuromuscular electrical stimulation, which, per page 121 of the MTUS Chronic Pain Medical Treatment Guidelines is not recommended in the chronic pain context present here. Since one component in the device carries an unfavorable recommendation. The entire device is considered not recommended. Therefore, the request is not certified.