

<b>Case Number:</b>	CM14-0003167		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	01/28/2009
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 patient has submitted a claim for thoracic sprain/strain associated with an industrial injury date of January 28, 2009. Treatment to date has included NSAIDs, opioids, anticonvulsants, home exercise programs, TENS, physical therapy, and surgery. Medical records from 2013 were reviewed. The patient complained of persistent bilateral upper extremity and shoulder pain associated with difficulty sleeping. Physical examination showed cervical and lumbar paraspinal muscle tenderness and bilateral trapezius muscle tenderness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**STIM UNIT SUPPLIES: ELECTRODES AND 3 MONTHS OF BATTERIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHAPTER TRANSCUTANEOUS ELECTROTHERAPY ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116; 120.

**Decision rationale:** As stated on pages 114-116 of the CA MTUS Chronic Pain Medical Treatment Guidelines, TENS is not recommended as a primary treatment modality, it should be used as an adjunct to other ongoing treatment modalities within a functional restoration

approach. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. According to page 120 of the CA MTUS Guidelines, neuromuscular electrical stimulation (NMES) devices are not recommended and are used primarily as part of a rehabilitation program following stroke. Guidelines also state that there is not evidence to support its use in chronic pain. In this case, the patient has been using the TENS unit since September 2013 along with home exercise programs. There was insufficient evidence of improvement in pain scores and documented improvement in function as a result of prior use of the TENS unit. In addition, no reevaluation of the patient has been done since October 2013 and specific short- and long-term goals of treatment with the TENS unit were not provided in this request. Therefore, the request for Stim unit supplies: electrodes and 3 months of batteries is not medically necessary.