

<b>Case Number:</b>	CM14-0010334		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/08/2010
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 45-year-old female with an injury reported on 01/08/2010. The mechanism of injury was not provided within the clinical notes. The clinical note dated 10/24/2013, reported that the injured worker complained of upper and middle back pain and stiffness. The physical examination findings reported tenderness to palpation of the thoracic paravertebral muscles. The injured worker's diagnoses included thoracic sprain/strain, left carpal tunnel syndrome, right carpal tunnel syndrome, right knee internal derangement, and loss of sleep. The request for authorization date was not available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRIME DUAL TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION/ELECTRICAL MUSCLE STIMULATION (TENS/EMS) UNIT TIMES A ONE (1) MONTH HOME BASED TRIAL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY; CRITERIA FOR THE USE OF TENS; AND NEUROMUSCULAR ELECTRICAL STIMUL.

**Decision rationale:** The injured worker complained of upper and middle back pain and stiffness. It was noted that the injured worker had tenderness to palpation of the thoracic paravertebral muscles. The Chronic Pain Guidelines indicate that there should be documentation indicating injured workers have had chronic intractable pain with documentation of at least a three (3) month duration. There needs to be evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The guidelines state neuromuscular electrical stimulation (NMES) is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. There is a lack of clinical documentation to indicate that the injured worker has had chronic intractable pain for at least three (3) months. There is also a lack of clinical information provided indicating appropriate pain modalities that the injured worker was unresponsive to. Furthermore, the neuromuscular electrical stimulation is not recommended; Thus, the request is not medically necessary.