

<b>Case Number:</b>	CM14-0011199		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	10/18/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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:

Patient is a 57-year-old-male who has submitted a claim for lumbar strain, thoracic or lumbosacral neuritis or radiculitis associated with an industrial injury date of 10/18/2013. Medical records from 2013 were reviewed which revealed consistent low back pain aggravated by bending, twisting, lifting, carrying, pushing and pulling. Pain radiates from low back into the waist and sciatic regions then travels down to the back of the left knee into the back of the left calf. Patient further reports difficulty with sexual intimacy secondary to pain. His activities of daily living remain greatly impaired. He also has sleeping difficulty. Physical examination showed negative heel walk, toe walk and Fabere tests bilaterally. Straight leg raise, Minors, Valsalva, Kemps, Yeoman, Braggards and Iliac Compression tests were positive on both sides. Lumbar x-ray, dated 11/20/13, showed evidence of senile osteoporosis; discogenic spondylosis at L1 to S1 and degenerative facet joint arthrosis at L3-S1. Treatment to date has included injections for pain management, hot packs, chiropractic manipulation, acupuncture and physical therapy sessions. Medications taken were Ibuprofen and Toradol. Utilization review from 2/5/14 denied the request for 1 month trial of home based neurostimulator transcutaneous electrical nerve stimulator-electrical muscle stimulator (EMS) because guidelines recommends TENS for documented pain of at least 3 months duration prior to considering its use; 3 months have not passed since the date of injury. There was also no evidence of failure of conservative treatments. Neuromuscular Electrical Stimulation (NMES) is not recommended as it is used primarily as part of rehabilitation program following stroke.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 MONTH TRIAL OF A HOME BASED NEUROSTIMULATOR TRANSCUTAENOUS ELECTRICAL NERVE STIMULATOR - ELECTRICAL MUSCLE STIMULATOR:**

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 12 LOW BACK COMPLAINTS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines §§9792.20 - 9792.26, Page(s): 114,117-118,121.

**Decision rationale:** As stated on pages 114-116 of the California MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as the primary treatment modality but a one-month trial may be considered if used as an adjunct to a program of evidence-based functional restoration given that conservative treatment methods have failed and that a specific treatment plan with short and long term goals have been established. In this case, patient's medical records did not indicate if there is functional improvement noted with physical therapy sessions. Furthermore, as stated on page 116, a treatment plan including the specific short and long term goals of treatment with TENS unit should be submitted. There was no documentation submitted regarding specific goals that should be achieved with the use of TENS. With regards to Nerve stimulator- Electrical Muscle stimulator component, CA MTUS do not recommend the use of NMES in chronic pain. It should only be employed in the post stroke rehabilitative context. In this case, there is no evidence that the patient has sustained or suffered a stroke. Guideline criteria have not been met. Therefore, the request for 1-month trial of a home-based neurostimulator transcutaneous electrical nerve stimulator-electrical muscle stimulator is not medically necessary.