

<b>Case Number:</b>	CM14-0013986		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	05/19/2009
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Tennessee. 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:

This is a 66-year-old male with a 3/26/09 date of injury. He was a utility worker who twisted his left ankle and strained his lower back and neck. On 11/1/13, the patient complained of constant neck and left ankle pain, as well as insomnia and sexual dysfunction. He states his pain has been reduced with rest and activity modification. He has also received acupuncture and using an interferential unit, which has initially helpful, but symptoms remain. Objective exam demonstrates tenderness to sensation to the cervical spine with restricted ROM. He has tenderness and restricted ROM to the lumbar spine. Diagnostic Impression is Lumbosacral Radiculitis, Lumbar facet joint hypertrophy, Spinal Stenosis, Insomnia, Radiculopathy. Treatment to date: medication management, activity modification, acupuncture, IF unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EXTENDED RENTAL OF NEUROSTIMULATOR TENS - EMS 12 MONTHS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS does not consistently recommend NMS electrotherapy. There are no intervention trials suggesting benefit from NMES for chronic pain. The requesting physician failed to establish compelling circumstances identifying why a NMES unit would be required despite adverse evidence. Regarding the interferential unit, CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform; exercise programs/physical therapy treatment; or unresponsive to conservative measures. However, guidelines do not support combined neuromuscular/TENS units. From the documentation provided, there is no record of how long the patient has been using the combination unit, nor any discussion of any significant functional benefit, reduction of pain medication, or gains in activities of daily living. In the records provided, it is noted the patient has not had any improvement from an IF unit, but the combination unit was not addressed. In addition, this request is for a 1-year rental of the unit, which would not be supported for this significant duration of time due to the need for frequent re-evaluation to establish efficacy. Therefore, the request for Extended Rental of Neurostimulator-TENS-EMS was not medically necessary.