

<b>Case Number:</b>	CM14-0129867		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 37 year old male who reported injury on 05/09/2013 from a fall. The diagnoses included a disc bulge, status post fusion, head trauma with loss of consciousness, bilateral wrist and hand pain. Past treatments include medications. His past diagnostic tests included x-rays on 01/12/2014 and an MRI on 05/9/2014. The injured worker had spine fusion surgery at C6-7 on 02/13/2014. On 06//27/2014, the injured worker complained of constant lumbar spine pain, and bilateral hand pain, rated at 7/10, as well as persistent pain in his neck at 4/10. The physical exam revealed decreased range of motion in the cervical spine, tenderness bilaterally over paraspinals and trapezius muscles, bilateral positive shoulder depression test, normal bilateral strength and sensation 5/5 at C5-6 and C7-8, bilateral decreased sensation at C7-8. The lumbar spine revealed decreased range of motion, tenderness over the paraspinals, positive Kemp's test on the left, muscle strength 5/5 at L4-5 and S1 nerve roots on the right and decreased at 4/5 on the left at L4-5 and S1, bilateral deep tendon reflexes were 2 plus at the patellar and Achilles tendons. Medications include Hydrocodone and Neurontin. The treatment plan indicated to continue medications, a request for chiropractic treatment and a trial of the TENS unit. The rationale for the request is because the injured worker is in significant continued neuropathic pain. The request for authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One month home trial Prime Dual Neurostimulator (TENS/EMS Unit) with supplies:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation devices.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS/ NMES Page(s): 114, 121.

**Decision rationale:** The injured worker has a history of neuropathic pain. The California Medical Treatment Utilization Schedule Guidelines state that a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS unit trial may be considered if used as an adjunct to a program of evidence-based functional rehabilitation treatment therapy to treat neuropathic pain. However, the guidelines state the NMES unit is not recommended as it is used primarily as part of a rehabilitation program following a stroke and there is no evidence to support its use in chronic pain. Additionally, the TENS unit recommendation supports the home-based treatment trial of one month for neuropathic pain if other physical therapy or a home based exercise program is combined with the TENS unit use. The injured worker was not noted to be participating in an active treatment program to warrant the addition of a TENS unit and he was not shown to be recovering from a stroke to warrant use of electrical muscle stimulation. Therefore, the request for the TENS/EMS prime dual unit is not supported by guidelines. As such, the request for one month home trial Prime Dual Neurostimulator (TENS/EMS Unit) with supplies is not medically necessary.