

<b>Case Number:</b>	CM14-0137243		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	11/15/2009
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: There were 354 pages provided for review. The request for independent medical evaluation was signed on August 21, 2014. It is a request for DME home-based Neurostimulator TENS\EMS. Per the records provided, the claimant apparently fell on November 15, 2009 and fractured the left third metatarsal. The low back apparently was not part of this injury. There is reportedly no utilization review activity from August 2010 to March 2014. Interim notes indicate there were CT and MRI scans. There is mention of a cam walker boot. X-rays noted acute fracture. There was an Agreed Medical Examination (AME) on August 26, 2011. There was a future medical care award for medicine. There was a psychiatric QME on September 14, 2012. The claimant needs medication review and 12 weeks of psychotherapy before she can be declared at maximal medical improvement. There were two requests for authorizations, both undated. The one is for a one-month rental of a TENS EMS and the other states a six-month extension for such. As of July 1, 2014 there were positive lower extremity neurologic findings. The previous reviewer noted clinical documentation was confusing. The current request for authorization appeared identical to one from March 19, 2014. The chiropractic notes were scanty and unclear regarding what DME would do relative to the worsening neurologic symptoms and what the rationale would be for use. It is not clear why a multimodal unit was needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **DME Home Based Neurostimulator TENS/EMS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neuromuscular Electrical Stimulation Devices.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under NMES units.

**Decision rationale:** The MTUS notes that TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below Neuropathic pain: Some evidence including diabetic neuropathy and post-herpetic neuralgia. Phantom limb pain and CRPS II: Some evidence to support use. Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury.- Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. I did not find in these records that the claimant had these conditions. Also, an outright purchase is not supported, but a monitored one month trial, to insure there is objective, functional improvement. In the trial, there must be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. There was no evidence of such in these records. Moreover, the proposed unit would use NMES as well. The evidence-based synopsis in the Official Disability Duration guidelines does not give Neuromuscular Electrical Stimulation devices a recommended rating. They instead cite:"Under study. The scientific evidence related to electromyography (EMG)-triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program." Given the evidence-based guidance, the use of the device might be appropriate in a supervised physical therapy setting for post-stroke rehabilitation, but not as a purchase in a home use setting for a musculoskeletal injury. For the above reasons, the request for a full purchase of the 2 channel unit/electrodes was not medically necessary.