

<b>Case Number:</b>	CM14-0183622		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	06/30/2014
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 46 year old female date of injury 6/30/2014. The mechanism of injury is stated as a fall. The patient has complained of right elbow pain, cervical spine pain, lumbar spine pain and pain in the left hip, ankle and wrist since the date of injury. She has been treated with physical therapy, medications and chiropractic therapy. Objective: cervical spine decreased and painful range of motion and tenderness to palpation of the cervical spine musculature; lumbar spine tenderness to palpation and decreased and painful range of motion; tenderness to palpation of the left elbow, left ankle and bilateral sacroiliac joints. Diagnoses: cervical spine pain, low back pain, sprain left ankle. Treatment plan and request: with 30 day trial TENS-EMS Unit 1 month home based trial with supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Day Trial Neurostimulator TENS-EMS Unit 1 Month Home-Based Trial with Supplies for 1 Month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS and Neuromuscular Electrical Stimulation (NMES devices).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114 and 115.

**Decision rationale:** This 46 year old female has complained of right elbow pain, cervical spine pain, lumbar spine pain and pain in the left hip, ankle and wrist since date of injury 6/30/14. She has been treated with physical therapy, medications and chiropractic therapy. The current request is for a TENS unit with supplies, 30 day trial. Per the MTUS guidelines cited above, transcutaneous electrotherapy (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 following conditions: chronic regional pain syndrome, neuropathic pain, phantom limb pain, spasticity, multiple sclerosis. There is no documentation in the available medical records that supports any of these listed diagnoses nor is there documentation of a planned functional restoration program to be used as an adjunct to the proposed TENS unit trial. On the basis of the MTUS guidelines and the available medical records, a 30 day trial of TENS unit with one month supplies is not indicated as medically necessary.