

<b>Case Number:</b>	CM14-0183958		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	12/09/2013
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/20/2014
<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 Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 50-year-old female with date of injury of 12/09/2013. The earliest progress report provided for review is from 05/01/2014. This report indicates patient has dull, aching pain and burning sensation into the left and right elbows. Examination of the elbow revealed tenderness to palpation on the left medial epicondyle, left lateral epicondyle, and right lateral epicondyle. Listed diagnoses are: 1. Left medial epicondylitis. 2. Left lateral epicondylitis. 3. Right lateral epicondylitis. Progress report 04/17/2014 states the patient has continued pain in the upper extremities. Patient was administered a lidocaine injection along the medial epicondyle. Medications were refilled. This is a retrospective request for neuromuscular stimulator and supplies, which was dispensed on 07/12/2014. The medical file provided for review includes no progress reports during that time. Utilization review denied the request on 10/20/2014. Treatments reports from 03/12/2014 through 05/01/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS 7/12/14) for Neuromuscular Stimulator (E-Stim/TENS) and supplies:**  
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 neuromuscular electrical stimulation (NMES) devices Page(s): 120.

**Decision rationale:** This patient presents with continued left lateral and medial epicondyle and right medial epicondyle pain. This is a retrospective request (DOS 07/12/2014) for neuromuscular stimulator (E-Stim/TENS) and supplies. The MTUS guidelines, page 120, states neuromuscular electrical stimulation (NMES) devices are not recommended. NMES is used primarily as a part of the rehabilitation program following a stroke, and there is no evidence to support its use in chronic pain. There is no intervention trial suggesting benefit from NMES for chronic pain or postsurgical care. Recommendation is for denial.