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| <b>Case Number:</b>   | CM14-0026250 |                              |            |
| <b>Date Assigned:</b> | 06/13/2014   | <b>Date of Injury:</b>       | 08/29/2008 |
| <b>Decision Date:</b> | 07/16/2014   | <b>UR Denial Date:</b>       | 02/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/02/2014 |

### 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 Minnesota. 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 44 year old female who reported an injury on 08/29/2008 from an unknown mechanism of injury. The injured worker had a history of generalized pain, dizziness, headaches, anxiety, depression, weight gain, and decreased energy. Upon examination on 02/04/2014 the injured worker had head pain 9/10, sharp shoulder pain 9/10, sharp elbow pain 9/10, sharp, weak, and throbbing wrist pain 9/10, sharp neck pain 9/10 with numbness and tingling to both arms, sharp back pain 9/10 with numbness and tingling in both legs, sharp, aching and throbbing hip pain 9/10, sharp and throbbing foot pain 9/10 with numbness and tingling, sharp buttocks pain 9/10, and soreness and pain to ribs 9/10. The injured worker had not taken medications for the above pains. The range of motion for shoulder was flexion 90/90 degrees, extension 25/12 degrees, nonspecific tenderness to elbows, Cozen's sign test was positive bilateral elbows, wrist nonspecific tenderness to both wrists, Finkelstein's test was positive for both wrists, Phalen's test was positive for right wrist, range of motion to cervical spine flexion 38/50 degrees with pain, extension 37/60 degrees with pain, lumbar flexion 40/60 degrees with pain, extension 16/25 degrees with pain. The injured worker had diagnoses of fibromyalgia, lumbar spine IVD syn, cervical spine IVD Syn, thoracic sprain/strain, carpal tunnel, shoulder impingement (bilateral). The diagnostic studies/surgeries and procedures were not in the documentation. The treatment received were chiropractic treatment 2 times a week for 4 weeks with limited improvement and continued acupuncture treatment 2 times per week for 6 weeks. The injured worker had a one-month trial of TENS/EMS unit with decreased dependency on medications and stabilize and control pain. The medications were not in the documentation. The treatment plan is for extended rental of neurostimulator TENS-EMS times 12 months. The request for authorization form was dated on 02/07/2014.

## 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 TIMES 12 MONTHS:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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

**Decision rationale:** The request for extended rental of neurostimulator TENS-EMS times 12 months is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state 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. A home-based treatment trial of one month may be appropriate for neuropathic pain. The injured worker had a months' trial of the TENS unit. The injured worker reported a decrease dependency of medications and stabilized and control pain. Upon exam on 02/04/2014 the injured worker had generalized pain all over 9/10 without pain medications. There is lack of evidence that other appropriate pain modalities have been tried and failed. In addition, the request for a 12 month rental would exceed guideline recommendations for the rental period. As such, the request is not medically necessary.