

<b>Case Number:</b>	CM14-0027424		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/15/2011
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 and Rehabilitation, has a subspecialty in Pain 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:

This is a 50-year-old female who sustained a remote industrial injury on 02/14/09 diagnosed with cervical intervertebral disc syndrome and radiculitis, thoracic sprain/strain, lumbar intervertebral disc syndrome and radiculitis, and bilateral shoulder internal derangement. Mechanism of injury occurred when the patient twisted to put a basket full of items on the counter and experienced pain in her right and left lower back. The request for a One month home-based trial of neurostimulator TENS EMS was not medically necessary at utilization review due to the lack of demonstrated functional improvement from previous use and the recommendation that the use of a TENS unit be in conjunction with other modalities. The most recent progress note provided is 01/16/14. This progress report is handwritten and barely legible. It appears the patient complains primarily of neck, back, and shoulder pain. It appears the patient reports anxiety and insomnia. Physical exam findings appear to reveal a limited and painful range of motion of the cervical spine, thoracic spine, lumbar spine, and bilateral shoulders. Current medications are not listed. A rationale for the request for a trial of a TENS unit is not provided. Provided documents include several previous progress reports, utilization reviews, and requests for authorization. The patient's previous treatments include shoulder injections, medications, physical therapy, and chiropractic adjustments. Imaging studies are not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RFM One Month Home-Based Trial Of Neurostimulator TENS EMS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

**Decision rationale:** According to MTUS guidelines, 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. Provided documentation does not support participation in and/or the medical necessity of a functional restoration program. Further, a trial is recommended after other pain modalities have failed, including medication, and the failure of medication is not documented in the provided progress reports. Lastly, provided documentation does not include a rationale for the requested treatment or specific goals. For these reasons, the request is not medically necessary.