

<b>Case Number:</b>	CM14-0036037		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	09/11/2011
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 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 53 year-old female with a 9/11/11 date of injury. She has been diagnosed with cervical disc syndrome; right shoulder sprain/strain; bilateral wrist tendinitis; bilateral CTS; low back pain; and lumbar radiculopathy. According to the 2/14/14 anesthesiology/pain management report from [REDACTED], the patient presents with 5-6/10 neck pain radiation down both upper extremities, greater on the right in the C7 distribution. The pain was increased since last visit and she has occasional tingling in both arms. [REDACTED] is awaiting a response to his request for an ESI, and changed hydrocodone 2.5/325 to hydrocodone 5/500mg, and provided trigger point injections, x6. On 3/3/14 VQ Orthocare requested an EMS unit, 30-day trial. Utilization Review did not grant the request on 3/13/14 using the MTUS guidelines on NMES.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMS unit: 30 day trial with supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, pages, 114-120 Transcutaneous electrotherapy Neuromuscular electrical stimulation, (NMES devices). Page(s): 114, 120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines for TENS Page(s): 114-121.

**Decision rationale:** According to the 2/14/14 anesthesiology/pain management report from [REDACTED], the patient presents with 5-6/10 neck pain radiation down both upper extremities, greater on the right in the C7 distribution. The pain was increased since last visit and she has occasional tingling in both arms. [REDACTED] is awaiting a response to his request for an ESI, and changed hydrocodone 2.5/325 to hydrocodone 5/500mg, and provided trigger point injections, x6. On 3/3/14 VQ Orthocare requested an EMS unit, 30-day trial. The EMS request was not accompanied with a medical report or rationale. There is no discussion of the type of EMS requested, no mention of what body region it was to be used on, or how often, or any goals. There was no indication that the EMS was to be used as an adjunct to a program of functional restoration, as required under the MTUS guidelines. The request for an EMS without rationale is not in accordance with MTUS guidelines. Recommendation is for non-certification.