

<b>Case Number:</b>	CM14-0039689		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, 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 Physician 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:

According to the records made available for review, this is a 67-year-old male with a 10/2/12 date of injury. At the time (3/12/14) of request for authorization for DME: extended rental of neurostimulator TENS-EMS x 12 months, there is documentation of subjective (bilateral shoulder pain, pain rated 9/10, limited and painful range of motion, pain aggravated by reaching, lifting, pushing, and pulling; neck pain, stiffness, heaviness, numbness and tingling) and objective (bilateral shoulder tender AC joint, limited range of motion, and positive impingement; cervical spine decreased and painful range of motion, tenderness, muscle spasm) findings, current diagnoses (bilateral AC joint arthrosis, bilateral shoulder partial thickness rotator cuff tears; cervical disc protrusion, facet arthropathy, muscle spasm, and foraminal narrowing), and treatment to date (medications, chiropractic, and physical therapy).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Extended rental of Neurostimulator TENS-EMS x 12 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) and Neuromuscular electrical stimulation (NMES devices).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Transcutaneous electrical nerve stimulation (TENS), Neuromuscular Electrical Stimulation  
Page(s): 113-117; 121.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines indicate that neuromuscular electrical stimulation (NMES) is not recommended. In addition, MTUS Chronic Pain Medical Treatment Guidelines indicate that NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Furthermore, the MTUS Chronic Pain Medical Treatment Guidelines indicate that documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, are criteria necessary to support the medical necessity of a month trial of a TENS unit. Lastly, the MTUS Chronic Pain Medical Treatment Guidelines indicate that documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), are criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of bilateral AC joint arthrosis, bilateral shoulder partial thickness rotator cuff tears; cervical disc protrusion, facet arthropathy, muscle spasm, and foraminal narrowing. However, the requested DME is a combination of neurostimulator and TENS-EMS, and neuromuscular stimulation is not recommended. Therefore, based on guidelines and a review of the evidence, the request for DME: extended rental of neurostimulator TENS-EMS x 12 months is not medically necessary.