

<b>Case Number:</b>	CM14-0059795		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 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 injured worker is a 39-year-old male who reported an injury to his right leg, elbow, and lower back on 07/03/2013 secondary to falling from a tractor. The injured worker complained of burning right elbow and radicular low back pain, muscle spasms and pain to the right leg status post right puncture wound. Examination on 03/17/2014 revealed tenderness to palpation over the lateral aspects of the right elbow with range of motion normal and positive cubital Tinel's. There was tenderness to palpation at the lumbar paraspinal muscles in the bilateral PSIS (posterior superior iliac spine), normal active range of motion of the lumbar spine, and no abnormal findings to the right lower extremity. He had an x-ray of the lumbar spine that showed minimal discogenic spondylosis from the T12-L1 to L5-S1 and minimal right inclination of the lumbar spine. He had diagnoses of unspecified sprain of unspecified elbow, other intervertebral disc displacement, lumbar region, and status post lower joint release. His past treatments included physical therapy, shockwave therapy, acupuncture and oral medications. There was no list of medications submitted. The treatment plan was for recommendation of oral medications; Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclophene, and ketoprofen cream. In addition a referral to an orthopedic surgeon for the right elbow, continuation of physical therapy, a course of acupuncture, and Terocin patches. There was no request for authorization form submitted for review. There was no rationale for the request for 6 Months Rental of Neurostimulator Transcutaneous Electrical Nerve Stimulation (TENS) / Electrical Muscle Stimulator (EMS) Unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Months Rental of Neurostimulator Transcutaneous Electrical Nerve Stimulation (TENS) / Electrical Muscle Stimulator (EMS) Unit.: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation BlueCross BlueShield, 2005Aetna, 2005.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy, TENS, chronic pain (transcutaneous electrical nerve stimulation), criteria for the use of TENS and neuromuscular electrical stimulation (NMES devices) Page(s): 114-116, 121.

**Decision rationale:** The request for 6 Months Rental of Neurostimulator Transcutaneous Electrical Nerve Stimulation (TENS) / Electrical Muscle Stimulator (EMS) Unit is non-certified. The injured worker complained of burning right elbow and radicular low back pain, muscle spasms and pain to the right leg status post right puncture wound. His past treatments included physical therapy, shockwave therapy, acupuncture and oral medications. The California MTUS guidelines state that the TENS unit is not recommended as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration for neuropathic pain and CRPS I and II. Criteria for the use of a TENS unit are documentation of pain at least 3 months in duration, evidence that other pain modalities have been tried and failed, documentation during the 1 month trial period of ongoing treatment modalities with a functional restoration approach including medications, a treatment plan including short and long-term goals of treatment with a TENS and a 2 lead unit is generally recommended. If a four lead unit is recommended there must be documentation of why it is necessary. The California MTUS guidelines state that the neuromuscular electrical stimulation (NMES) device is not recommended and is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. The request submitted was for a combination unit of TENS and neuromuscular unit and the California MTUS Guidelines do not recommend the use of neuromuscular electrical stimulation and the criteria for use of a TENS unit were not met; therefore, the request for 6 Months Rental of Neurostimulator Transcutaneous Electrical Nerve Stimulation (TENS) / Electrical Muscle Stimulator (EMS) Unit is non-certified.