

<b>Case Number:</b>	CM14-0096313		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Neuromuscular Medicine, and is licensed to practice in Maryland. 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 49 year old with a work injury dated 8/1/11. The diagnoses includes epicondylitis bilateral. She is status post bilateral epicondylectomy surgery(Oct.2013 for the right and January 2014 left). She complains of chronic neck and upper extremity pain despite surgery, physical therapy and medication management for sleep. Under consideration is a request for prime dual neurostimulator (TENS/EMS) unit, one month rental. There is a physician report dated 4/22/14 that states that the patient has neck pain radiating down her arms into her hands with shoulder muscle spasms. On exam, there is a non tender right lateral epicondyle. There is no physician document discussing the neurostimulator unit rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prime dual neurostimulator (TENS/EMS) unit, one month rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 65,Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) and NMES ( neuromuscular electrical stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices)page(s) 121; TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** Prime dual neurostimulator (TENS/EMS) unit, one month rental is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. MTUS guidelines recommend TENS as an adjunct to a program of evidence-based functional restoration. Additionally, there should be a treatment plan including the specific short- and long-term goals of treatment with the TENS unit documented. The documentation submitted do not reveal a written treatment plan with goals for this device. The MTUS guidelines state that neuromuscular electrical stimulation (NMES devices) are not recommended for chronic pain. The NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. The documentation submitted does not reveal patient has had a stroke or is receiving post stroke rehabilitation. The request for prime dual neurostimulator (TENS/EMS) unit, one month rental is not medically necessary.