

<b>Case Number:</b>	CM13-0042792		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/09/2010
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 56 year old male who suffered a work related injury on 10/01/2005. Diagnoses include bilateral shoulder impingement syndrome, bilateral shoulder pain, multilevel moderate to severe neural foraminal and central canal stenosis with cord compression, as well as nerve compression and multilevel moderate disc herniation, and subclinical tunnel syndrome. There is right shoulder tender AC joint, diminished and painful range of motion. Flexion is 150, IR 55, ER 80. There is positive impingement, speeds. Magnetic Resonance Imaging showed AC arthrosis, down sloping acromion, rotator cuff tendinosis and partial tear. A physician progress note dated 09/03/2013 documents he complains of constant moderate to severe neck pain and stiffness. He has constant moderate to severe low back pain and stiffness radiating to both legs. He also has moderate left and right shoulder pain and stiffness, and right shoulder weakness. There is constant severe left and right wrist pain, numbness, tingling, and weakness radiating to hand and fingers. Cervical, lumbar, right and left ranges of motion are painful. There is tenderness to palpation of the cervical paravertebral muscles, and bilateral trapezii. There is muscle spasm of the cervical paravertebral muscles and bilateral trapezii, lumbar paravertebral muscles. Kemp's causes pain. There is +3 tenderness to palpation to the anterior shoulder and posterior shoulder. Hawkins's causes pain. Supraspinatus Press causes pain. The right and left wrist ranges of motion are painful. He has received medications and physical therapy. Physicians are waiting for authorization of cervical discectomy and fusion and for right shoulder surgery. Request is for one month home-based trial neurostimulator TENS-EMS. Utilization Review dated 09/20/2014 non-certified the request for a one month home-based trial neurostimulator TENS-EMS. Cited

for this decision was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines-Criteria for the Use of TENS.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ONE MONTH HOME-BASED TRIAL NEUROSTIMULATOR TENS-EMS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy. Page(s): 114-116, 121.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based TENS trial used as an adjunct to a program of evidence-based functional restoration. Furthermore, criteria for the use of TENS includes pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function. Per the MTUS guidelines regarding electronic muscle stimulation: Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. As one of the modalities of the requested unit is not supported by the guidelines, medical necessity for the request cannot be affirmed.