

<b>Case Number:</b>	CM14-0195487		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	03/06/2013
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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:

This patient is a 37 year old female. According to progress report April 10, 2014, the patient presents with neck and shoulder pain that extends down to the hands bilaterally. She also complains of low back pain that radiates to the buttocks. The list of diagnoses includes sprain/strain of multiple joints, neck and low back pain, shoulder pain and carpal tunnel syndrome. The patient is permanent and stationary and currently not working. There was no physical examination on the date. According to report August 27, 2013 the patient presents with frequent headaches and pain in the shoulders, wrist/hand neck and lower back. Examination of the shoulders revealed on palpation slight tenderness at the supraspinatus and infraspinatus. Examination of the risk revealed nonspecific tenderness at both wrists and positive Phalen's and Tinel's. The list of diagnoses includes sleep disturbance, anxiety, displacement of cervical spine, lumbar sprain, headache, pain in joint of forearm/hand. This is a request for extended rental of neurostimulator. The utilization review denied the request on October 14, 2014. The medical file provided for review as to progress report dated August 22, 2013 and April 10, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extended rental of neurostimulator; TENS-EMS with supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121, 116.

**Decision rationale:** This patient presents with upper and lower extremity complaints. Current request is for extended rental of neurostimulator; TENS-EMS with supplies. Neuromuscular electrical stimulation (NMES devices) under MTUS page 121 states that it is 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. Per MTUS Guidelines 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality but a one-month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom-limb pain, and multiple scoliosis. In this case, the request is for "extended rental," but there is no discussion regarding frequency of use, magnitude of pain reduction, and any functional changes with utilizing the TENS-EMS unit. MTUS allows for extended use of the unit when there is documentation of functional improvement. In addition, NMES is not supported for chronic pain. This request is not medically necessary.