

<b>Case Number:</b>	CM14-0197539		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	08/22/2008
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Occupational Medicine 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 applicant is a represented healthcare industry employee who has filed a claim for chronic low back, shoulder, and wrist pain with derivative complaints of anxiety and depression reportedly associated with an industrial injury of August 22, 2008. In a Utilization Review Report dated October 22, 2014, the claims administrator failed to approve a request for a combination of neuromuscular stimulator TENS/EMS unit. The claims administrator stated that its decision was based on an RFA form received on October 8, 2014. It was suggested that the applicant was off of work, on total temporary disability, was using various dietary supplements and topical compounds, and had previously used the neuromuscular stimulator at issue on a rental basis. The applicant was status post earlier shoulder surgery, it was further noted. The applicant's attorney subsequently appealed. In a progress note dated May 28, 2014, the applicant was given refills of Naprosyn, Prilosec, tramadol, and menthoderm. Authorization was sought for shoulder surgery. In an October 15, 2014 progress note, the applicant reported ongoing complaints of shoulder pain. Naprosyn, Prilosec, tramadol, Promolaxin, menthoderm, and a shoulder exercise kit were sought, along with 12 sessions of physical therapy. The applicant was status post shoulder surgery on June 2014. The applicant's work status was not clearly outlined, although it did not appear that the applicant was working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extend rental of Neurostimulator TENS-EMS per month QTY 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation Page(s): 121.

**Decision rationale:** One component of the device is electrical muscle stimulation (EMS), or neuromuscular electrical stimulation (NMES). However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation (NMES) is not recommended outside of the poststroke rehabilitative context. Neuromuscular stimulation/electrical muscle stimulation is not recommended in the chronic pain context present here. Since one component of the device is not recommended, the entire device is not recommended. The attending provider's progress notes, it is further noted, did not contain any compelling applicant-specific rationale or narrative commentary which would offset the unfavorable MTUS position on the article at issue. Therefore, the request was not medically necessary.