

<b>Case Number:</b>	CM15-0005701		
<b>Date Assigned:</b>	01/20/2015	<b>Date of Injury:</b>	08/09/2013
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54 year old male, who sustained an industrial injury on 8/9/2013. The diagnoses have included left shoulder myospasms, left upper extremity neuropathy; status post left wrist carpal tunnel release and left wrist pain. Treatment to date has included pain medications, acupuncture and chiropractic treatment. Left wrist and hand x-rays from 10/7/2014 were unremarkable. According to the Primary Treating Physician's Medical Re-evaluation from 11/24/2014, the injured worker complained of worsening left wrist pain with worsening radiation, pain going up his arm. He stated that the pain was somewhat controlled with medication. He denied any side effects with the exception of excessive drowsiness. Physical exam of the left shoulder revealed decreased range of motion with tenderness. Physical exam of the left wrist revealed decreased range of motion and muscle atrophy. On 12/30/2014, Utilization Review non-certified a request for One Month Home-Based Trial of Neurostimulator Transcutaneous Electrical Nerve Stimulation (TENS)/Electrical Muscle Stimulation and one month supply of electrodes, batteries and lead wires, noting that guidelines do not support Neuromuscular Electrical Stimulation (NMES) devices for chronic pain. The MTUS was cited.

### 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 of neurostimulator transcutaneous electrical nerve stimulation/electrical muscle stimulation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**Decision rationale:** This patient presents with continued complaints of left wrist pain with worsening radiation going up the arm. The patient also complains of left shoulder pain. The current request is for 1-month home-based trial of neuro stimulator transcutaneous electrical nerve stimulation/electrical muscle stimulation. The utilization review states that a trial of TENS-NMES is not indicated as treatment plans including specific short-term and long-term goals have not been submitted and guidelines do not support NMES devices for chronic pain. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. The request is for a dual unit, of which EMS or electrical muscle stimulator, also known as NMES is only recommended as part of a rehabilitation program following stroke and there is no evidence to support it's use in chronic pain. This request IS NOT medically necessary.

**One month supply of electrodes, batteries and lead wires: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**Decision rationale:** This patient presents with continued complaints of left wrist pain with worsening radiation going up the arm. The patient also complains of left shoulder pain. The current request is for 1-month supply of electrodes, batteries, and lead wires. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. The request is for a dual unit, of which EMS or electrical muscle stimulator, also known as NMES is only recommended as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Given the dual unit is not recommended the requested one month supply IS NOT medically necessary.

