

<b>Case Number:</b>	CM15-0104589		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	02/16/2012
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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 62-year-old male, who sustained an industrial injury on February 16, 2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical disc protrusion, cervical radiculopathy, thoracic sprain and strain, left shoulder sprain and strain, left wrist sprain and strain, and left hand tenosynovitis. Treatment and diagnostic studies to date has included laboratory studies, chiropractic therapy, and extracorporeal shockwave therapy. In a progress note dated April 24, 2015 the treating physician reports complaints of constant pain to the neck; constant, moderate, sharp pain to the mid back; constant, moderate, nagging, aching, sore, shooting pain to the left shoulder; pain to the left wrist; and pain to the left hand. The injured worker also had complaints of weakness with left hand grip. Examination reveals tenderness to palpation to the cervical paravertebral muscles, left trapezius muscle, thoracic paravertebral muscles, shoulder, lateral wrist and medial wrist, and palmar aspect of the left hand. The examination also revealed muscle spasms to the cervical paravertebral muscles, muscle spasm to the thoracic paravertebral muscles, pain with cervical compression testing, pain with shoulder depression bilaterally, weakness to the left shoulder, decreased range of motion to the left shoulder with pain and stiffness, pain with Speed's testing to the left, pain with Neer's testing to the left, pain with supraspinatus press to the left, diminished sensation over the median nerve over the left hand and wrist, pain with Tinel's testing to the left wrist, pain with Phalen's testing on the left, and pain with Finkelstein's testing on the left. The treating physician requested transcutaneous electrical nerve stimulation with electrical muscle

stimulation unit with supplies for 30 days, but the documentation provided did not indicate the specific reason for the requested equipment.

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

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

**TENS/EMS unit with supplies x30 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines, Chronic pain, Transcutaneous electrical nerve stimulation (TENS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter under Electrical muscle stimulation (EMS).

**Decision rationale:** Based on the 04/24/15 progress report provided by treating physician, the patient presents with pain to cervical and thoracic spines, left shoulder, left wrist and left hand. The request is for TENS/EMS unit with supplies x30 days. Patient's diagnosis per Request for Authorization form dated 04/24/15 includes cervical disc displacement and brachial neuritis, NOS. Physical examination to the cervical spine on 04/24/15 revealed spasm and tenderness to palpation to paravertebral muscles. Cervical compression caused pain bilaterally. Treatment to date has included laboratory studies, chiropractic therapy, and extracorporeal shockwave therapy. The patient may return to modified work with restrictions, per 04/24/15 report. According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain:(p114-116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter under Electrical muscle stimulation (EMS) states: "Not recommended. The current evidence on EMS is lacking, either limited, or conflicting. There is limited evidence of no benefit from electric muscle stimulation compared to a sham control for pain in chronic mechanical neck disorders (MND). Most characteristics of EMS are comparable to TENS. The critical difference is in the intensity, which leads to additional muscle contractions. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. (Kjellman, 1999)" Per RFA dated 04/24/15, requesting physician states, "patient is eligible for one month home trial of Prime Dual Nerve Stimulator TENS/EMS unit (with supplies) per attachment(s) due to neuropathic pain," for the diagnosis of cervical disc displacement. Treater has not provided reason for the request, nor documented objective progress towards functional restoration. While MTUS does recommend a 30-day trial of TENS, the request is for a dual unit, of which EMS or electrical muscle stimulator, also known as NMES is specifically not recommended for chronic pain. This request does not meet guideline indications. Therefore, the request for TENS /EMS dual unit is not medically necessary.