

<b>Case Number:</b>	CM15-0106472		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	03/21/2013
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 34 year old male, who sustained an industrial injury on 3/21/13. He has reported initial complaints of low back pain, right hip pain and right knee pain after injury at work. The diagnoses have included low back pain, lower extremity radiculitis, lumbar disc displacement Herniated Nucleus Pulposus (HNP), right hip pain, rule out right hip internal derangement, right knee pain and rule out right knee internal derangement. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 3/17/15, the injured worker complains of low back pain described as burning and radicular pain that is rated 7/10 on pain scale and associated with numbness and tingling in the bilateral extremities. There is right hip pain described a burning pain rated 7/10 on pain scale and right knee pain described as burning pain and rated 7/10 on pain scale that is constant, moderate to severe pain. He also complains of numbness, tingling and pain that radiates to the right foot. He states that the pain is alleviated with medications, rest and activity restrictions. The physical exam reveals that the lumbar spine exam has palpable tenderness at the lumbar paraspinal muscles and decreased lumbar range of motion. The right hip exam reveals tenderness to palpation at the right trochanter with decreased range of motion noted. The right knee exam reveals tenderness to palpation over the medial and lateral joint line and decreased range of motion with flexion. The neurological exam of the bilateral lower extremities reveals slightly decreased sensation to pinprick and light touch at the L4, L5 and S1 dermatomes bilaterally and motor strength is 4/5 in the lower extremities. The current medications included Deprizine, Dicopanol, Fanatrex,

Synapryn, Tabradol, Flurbiprofen, Menthol, Gabapentin and Cyclobenzaprine. There are no previous diagnostic reports of the lumbar spine, right hip or right knee noted in the records. The physician requested treatments included 1 Month transcutaneous electrical nerve stimulator unit supplies (electrodes, batteries, and lead wires) and 1 Prime dual transcutaneous electrical nerve stimulator unit.

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

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

#### **1 Prime dual transcutaneous electrical nerve stimulator unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy, p114.

**Decision rationale:** The claimant sustained a work injury in March 2013 and continues to be treated for low back and right hip and knee pain. When seen, pain was rated at 7/10. There was decreased lumbar spine, hip, and knee range of motion with knee joint tenderness. There was lumbar paraspinal muscle tenderness. There was decreased lower extremity strength and sensation. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. However, use of a neuromuscular electrical stimulation (NMES) device 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. Therefore the requested trial using a combination TENS/EMS unit was not medically necessary.

#### **1 Month transcutaneous electrical nerve stimulator unit supplies (electrodes, batteries, and lead wires): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy, p114.

**Decision rationale:** The claimant sustained a work injury in March 2013 and continues to be treated for low back and right hip and knee pain. When seen, pain was rated at 7/10. There was decreased lumbar spine, hip, and knee range of motion with knee joint tenderness. There was lumbar paraspinal muscle tenderness. There was decreased lower extremity strength and sensation. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. However, use of a neuromuscular electrical stimulation (NMES) device 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. Therefore the requested supplies for

use during a trial using a combination TENS/EMS unit are not medically necessary. (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy, p114