

<b>Case Number:</b>	CM15-0107600		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	05/16/2008
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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 53 year old female who sustained an industrial injury on May 16, 2008. She has reported neck problems, low back problems, scapular difficulties with paresthesia across the right scapular region, vertigo, and pain in the left anterior rib. Diagnosis included left rib pain of uncertain etiology and cervical radiculopathy with evidence of rather severe stenosis. Treatment has included conservative treatment. Examination shows she cannot lay on the left because of pain. There was spasm in the paraspinous cervical area, right greater than left, also in the interscapular and rhomboid area. There was still tenderness around the left T8-9-10 ribs on the left. The treatment request included EMPI electrotherapy system for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMPI Electrotherapy System (Neurostimulator) for the left knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

**Decision rationale:** Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of a transcutaneous Electrotherapy Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. There are no documented short-term or long-term goals of treatment with the Neurostim unit. Submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief as part of the functional restoration approach to support the request for the Neurostim Unit without specified rental or purchase request or previous failed TENS trial. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the physical therapy treatment already rendered. The EMPI Electrotherapy System (Neurostimulator) for the left knee is not medically necessary and appropriate.