

<b>Case Number:</b>	CM15-0109540		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	10/16/2014
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: Pennsylvania, Ohio, 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 43 year old female, who sustained an industrial injury on 10/16/2014. She has reported injury to the neck and low back. The diagnoses have included cervical sprain/strain; cervical spine radiculopathy/radiculitis, upper extremity; cervical disc displacement; low back pain; lumbar sprain/strain; lumbar disc displacement; and radiculitis, lower extremity. Treatment to date has included medications, diagnostics, bracing, acupuncture, chiropractic sessions, extracorporeal shockwave therapy, and home exercise program. Medications have included Anaprox, Ultracet, Prilosec, Deprizine, Dicoprofanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen Cream. A progress note from the treating physician, dated 04/01/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of burning, radicular neck pain; the neck pain is constant and severe, and rated as 8/10 on the analog scale; the pain is associated with numbness and tingling of the bilateral upper extremities; burning, radicular low back pain; the pain is constant, moderate to severe, and rated as 9/10 on the analog scale; the pain is associated with numbness and tingling of the bilateral lower extremities; she is frustrated by her injury, and she is experiencing stress, anxiety, insomnia, and depression brought on by her chronic pain, physical limitations, inability to work, and uncertain future since she was injured at work; and the pain is alleviated with medications, rest, and activity restriction. Objective findings included tenderness to palpation at the occiputs, trapezius, sternocleidomastoid, and levator scapula muscles on cervical spine examination; decreased cervical spine range of motion; sensation to pinprick and light touch are slightly diminished over the C5, C6, C7, C8, and T1 dermatomes in the upper extremities; motor strength is 4/5; pain with heel-toe walking; palpable tenderness is noted at the lumbar paraspinal muscles and over the lumbosacral junction; decreased lumbar spine range of

motion; and straight leg raise test is positive on the right and the left. The treatment plan has included the request for Prime Dual TENS (transcutaneous electrical nerve stimulation)/EMS (electronic muscle stimulator) Unit.

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

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

**Prime Dual TENS/EMS Unit:** 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 Neuromuscular Electrical Stimulation Page(s): 121.

**Decision rationale:** MTUS states that NMES or neuromuscular stimulation is indicated in some case for post-stroke rehabilitation but is not supported for treatment of chronic pain. The records do not provide an alternate rationale for an NMES device. For these reasons, this request is not medically necessary.