

<b>Case Number:</b>	CM15-0168305		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 52-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of December 16, 2013. In a Utilization Review report dated July 24, 2015, the claims administrator failed to approve request for a 1-month home-based trial of neurostimulator-TENS-device for the low back and knee. The claims administrator referenced a May 27, 2015 progress note and RFA forms of May 22, 2015 and July 2, 2015 in its determination. The applicant's attorney subsequently appealed. On May 6, 2015, the applicant reported ongoing complaints of low back pain radiating into the lower extremities. The applicant was not working, it was acknowledged. The pa was using tramadol thrice daily. 8-9/10 pain without medications versus 4/10 pain with medications was reported. The attending provider contended that the applicant's medications were beneficial but tramadol and physical therapy were endorsed while a rather proscriptive 10-pound lifting limitation was renewed. There was no specific mention made of the neurostimulator-TENS device on this date. The neurostimulator TENS device was apparently endorsed via order forms and RFA forms dated July 2, 2015 and May 22, 2015. Pre-printed checkboxes were employed. Little-to-no narrative commentary accompanied the RFA forms/order forms. The device in question represented a TENS-EMS device, it was reported.

### 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 TENS unit for right knee and lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** No, the request for a 1-month home-based trial of the neurostimulator-TENS-EMS device was not medically necessary, medically appropriate, or indicated here. One of the components in the device, per the RFA form of May 22, 2015 and the order form of July 2, 2015 was electrical muscle stimulation, a variant of neuromuscular electrical stimulation. However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation is not recommended outside of the post-stroke rehabilitative context and is not recommended in the chronic pain context present here. Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that conventional TENS therapy, i.e., the other modality in the device in question, should be employed only on a trial basis in applicants with chronic intractable pain of greater than 3 months duration in whom other appropriate pain modalities, including pain medications, have been tried and/or failed. Here, however, the attending provider's May 6, 2015 progress note suggested that the applicant was in fact deriving appropriate analgesia with tramadol, seemingly obviating the need for the device in question. Since both the TENS and EMS/NMES components of the request were not indicated, the entire request was not indicated. Therefore, the request was not medically necessary.