

<b>Case Number:</b>	CM15-0194704		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	05/27/2009
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 30 year old male, who sustained an industrial injury on 05-27-2009. He has reported injury to the right wrist-forearm. The diagnoses have included right volar wrist-forearm laceration; and lumbar sprain-strain with bilateral lower extremity radiculopathy. Treatment to date has included medications, diagnostics, and activity modification. Medications have included Naprosyn and Flurbiprofen cream. A progress report from the treating provider, dated 08-04-2015, documented an evaluation with the injured worker. The injured worker reported intermittent pain in the right wrist and hand; the pain is associated with numbness and tingling in the palm of the hand and right thumb; loss of grip strength and loss of sensation when holding his children; he is experiencing constant lower back pain; and the pain radiates into the buttocks and back of the thighs. Objective findings included there is decreased sensation along the right C6; there is pain on resisted dorsiflexion of the right wrist with the elbows in full extension; there is tenderness of the volar structures of the right wrist; Finkelstein' s test is positive on the right wrist; there is a scar running from the proximal midline to distal lateral on the distal third of the right forearm; and there is tenderness along the lumbar paravertebral muscles and spinous processes. The provider noted that there had been "no therapy in 6 years". The treatment plan has included the request for TENS (transcutaneous electrical nerve stimulation)-EMS (electrical muscle stimulation) one month trial. The original utilization review, dated 10-02-2015, non-certified the request for TENS -EMS one month trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS-EMS One Month trial:** Upheld

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

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

**Decision rationale:** The request is for a TENS/EMS one-month trial. A one month home-based TENS trial may be considered as a noninvasive option if used as an adjunct to a program of evidence-based functional restoration. Regarding EMS, CA MTUS Guidelines state that it is not recommended. Neuromuscular stimulation is primarily used as part of a stroke rehabilitation program and there is no evidence to support its use in chronic pain. A TENS unit would be indicated if the patient has neuropathic pain, however the combination of a TENS/EMS unit is not supported by the guidelines. Therefore, the request is not medically necessary or appropriate.