

<b>Case Number:</b>	CM15-0202610		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	01/20/2015
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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 60-year-old who has filed a claim for chronic neck, low back, bilateral shoulder, and bilateral wrist pain with derivative complaints of psychological stress, anxiety, and depression reportedly associated with an industrial injury of January 20, 2015. In a Utilization Review report dated October 2, 2015, the claims administrator failed to approve a request for a TENS-EMS device. The claims administrator referenced office visits and RFA forms of September 22, 2015 and September 28, 2015 in its determination. The applicant's attorney subsequently appealed. On a Doctor's First Report (DFR) dated August 18, 2015, the applicant presented alleging multifocal complaints of neck, shoulder, elbow, wrist, low back, and knee pain with derivative complaints of sleep disturbance, anxiety, and psychological stress reportedly associated with cumulative trauma at work. Acupuncture, functional capacity testing, x-rays of multiple body parts, and a psychiatric consultation were endorsed while the applicant was seemingly kept off of work. On September 22, 2015, the applicant was again, placed off of work, on total temporary disability, while MRI imaging of the cervical spine, MRI imaging of the lumbar spine, electrodiagnostic testing of bilateral upper and bilateral lower extremities, x-rays of multiple body parts, acupuncture, physical therapy, and a TENS-EMS device at issue were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME 1 month home-based trial of neurostimulator TENS-EMS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability guidelines, Pain section, NMES units.

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

**Decision rationale:** No, the request for a 1-month trial of a neurostimulator TENS-EMS device was not medically necessary, medically appropriate, or indicated here. One of the components in the device, electrical muscle stimulation (EMS) is a variant of neuromuscular electrical stimulation or NMES. However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation (NMES) is not recommended in the chronic pain context present here, but rather, should be reserved for the post-stroke rehabilitative context. Here, however, there was no mention of the applicant's having sustained a stroke on or around the date of the request, September 22, 2015. Since the EMS/NMES component of the device was not indicated, the entire device was not indicated. Therefore, the request was not medically necessary.