

<b>Case Number:</b>	CM15-0022730		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	08/07/2008
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Emergency 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 injured worker is a 62 year old male, who sustained an industrial injury reported on 8/7/2008. He has reported complaints to the back, bilateral shoulder and bilateral knees. The diagnoses were noted to have included pain in joint of shoulder region and upper arm; and rotator cuff syndrome - shoulder and allied disorders. A second work related injury was noted reported on 11/13/2005, and a magnetic resonance imaging study to the lumbar spine was noted to have identified a disc protrusion pushing up on the lumbar 3 nerve root and lumbosacral foraminal stenosis. Treatments to date have included consultations; diagnostic imaging studies; repair of left and right rotator cuff tears; an electrodiagnostic study of the upper extremities (9/9/14); and medication management. The work status classification for this injured worker (IW) was noted to be permanent and stationary, for the upper extremities/shoulders, as of 6/1/2012. An agreed medical examiner's supplemental report, dated 6/1/2012, is noted to regard the upper extremities/shoulders, left elbow, lumbosacral spine, and bilateral knees for a work related injury that occurred on 11/13/2005, noting a magnetic resonance imaging of the lumbar spine performed on 6/11/2006, and stating an award given for this injury. On 1/6/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/31/2014, for the purchase of a electrical muscle stimulator (EMS) with 24 pairs of electrodes, 1 pair lead wires, 2 rechargeable batteries, and 1 battery charger, for the lumbar spine. The Medical Treatment Utilization Schedule, chronic pain physical medicine guidelines, neuro-muscular electrical stimulators, was cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMS (Purchase) Electrodes (24 Pairs) Lead Wires (1 Pair) Rechargeable Batteries (2) Battery Charger (1) For Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic,(transcutaneous electrical nerve stimulation), pages 114 - 116 Page(s): 114-116.

**Decision rationale:** The requested EMS (Purchase) Electrodes (24 Pairs) Lead Wires (1 Pair) Rechargeable Batteries (2) Battery Charger (1) For Lumbar Spine, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note. Not recommended as a primary treatment modality, but a one-monthhome-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The injured worker has pain in joint of shoulder region and upper arm; and rotator cuff syndrome. The treating physician has not documented a current rehabilitation program, nor functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor from home use. The criteria noted above not having been met, EMS (Purchase) Electrodes (24 Pairs) Lead Wires (1 Pair) Rechargeable Batteries (2) Battery Charger (1) For Lumbar Spine is not medically necessary.