

<b>Case Number:</b>	CM15-0216322		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	05/24/2014
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic neck, hand, and low back pain reportedly associated with an industrial injury of May 24, 2015. In a Utilization Review report dated October 19, 2015, the claims administrator failed to approve a request for TENS-EMS neurostimulator device. The claims administrator referenced a September 29, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On November 4, 2015, the applicant reported ongoing issues with chronic neck, low back, shoulder, and hand pain. Derivative complaints of sleep disturbance and psychological stress were reported. The applicant was given a rather proscriptive 25- pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. The note comprised, in large part, of preprinted checkboxes. On September 29, 2015, the same, 25- pound lifting limitation was imposed. Once again, it was not clearly stated whether the applicant was or was not working. Manipulative therapy was sought while topical compounded medications and Norco were endorsed. On an RFA form dated October 12, 2015, a one-month trial of the TENS-EMS device was sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS/EMS neurostimulator unit with supplies: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

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

**Decision rationale:** No, the request for a TENS-EMS neurostimulator device was not medically necessary, medically appropriate, or indicated here. The electrical muscle stimulation (EMS) component of the device represented a variant of neuromuscular electrical stimulation (NMES). However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation (NMES) is not recommended outside of the post-stroke rehabilitation context and is not recommended in the chronic pain context present here. Since one component of the device was not recommended, the entire device was not recommended. Therefore, the request was not medically necessary.