MAXIMUS Federal Services

| Case Number: | CM15-0222393 | | |
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| Date Assigned: | 11/18/2015 | Date of Injury: | 06/28/2015 |
| Decision Date: | 12/31/2015 | UR Denial Date: | 10/21/2015 |
| Priority: | Standard | Application Received: | 11/12/2015 |

## 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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 55-year-old female, who sustained an industrial injury on 6-28-15. The injured worker is diagnosed with lumbar spine sprain-strain, right lower extremity radiculitis, lumbar spondylosis, right hip sprain-strain secondary to contracture and right knee sprain-strain secondary to contracture. Her work status is temporary total disability. Notes dated 9-9-15 and 10-20-15 reveals the injured worker presented with complaints of intermittent low back pain described as dull that radiates to the right hip and knee accompanied by numbness and tingling from her knee to her right foot. She reports constant right hip pain described as sharp and throbbing, and intermittent, sharp right knee pain. She reports the right knee pops, clicks and gives out. Her pain is rated at 8 out of 10. She reports she is able to manage self-care with assistance, lift light objects, sit, stand and walk for less than 15 minutes and she is unable to climb stairs. Physical examinations dated 9-9-15 and 10-20-15 revealed tenderness to palpation at the right lumbar paravertebral muscles, right spinous process and right sacroiliac joint. There is paravertebral muscle guarding and muscle spasms noted and decreased range of motion. There is decreased right hip range of motion and Fabere is positive on the right. The right knee has swelling and pain and there is 2+ tenderness in the medial and lateral joint lines. Patellar grinding is positive on the right and tenderness to palpation is noted. Treatment to date has included functional capacity evaluation, medication, crutches and chiropractic care is mildly helpful per note dated 10-20-15. Diagnostic studies include urine toxicology screen, which is consistent with prescribed medications, lumbar spine, right hip and right knee x-rays. A request for authorization dated 9-16-15 for DME neurostimulator TENS-EMS supplies is non-certified, per Utilization Review letter dated 10-21-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**DME Neurostimulator TENS/EMS\supplies:** 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:** Transcutaneous electrical nerve stimulation (TENS) applies electricity to the surface of the skin to improve pain control. The MTUS Guidelines support its use in managing some types of chronic pain and in acute pain after surgery. TENS is recommended as a part of a program of evidence-based functional restoration for specific types of neuropathic pain, spasticity with spinal cord injuries, and multiple sclerosis-related pain and/or muscle spasm. The documentation must demonstrate the pain was present for at least three months, other appropriate pain treatments were unable to properly manage the symptoms, a one-month trial showed improvement, the ongoing pain treatments used during the trial, and the short- and long-term goals of TENS therapy. The Guidelines also support the use of TENS for pain management during the first thirty days after surgery. The documentation must include the proposed necessity for this treatment modality. A TENS unit rental for thirty days is preferred to purchase in this situation. Electronic muscle stimulation (EMS) stimulates muscles and mimics exercise in those with nerve injuries. The MTUS Guidelines are silent on this issue, and there is no good evidence in the literature showing benefit in the treatment of pain. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the right hip, right knee pain with buckling, depressed mood, and problems sleeping. There was no discussion indicating any of the conditions or situations described above, detailing the results of a one-month TENS trial, reporting short- and long-term therapy goals, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for supplies for a TENS-EMS unit is not medically necessary.