

<b>Case Number:</b>	CM15-0048784		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	04/29/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 21 year old female who sustained an industrial injury on 03/04/2015. Diagnoses include lumbar sprain, strain, and possible herniated nucleus pulposus. Treatment to date has included diagnostics, medications, acupuncture, chiropractic sessions, and physical therapy. A physician progress note dated 02/11/2013 documents the injured worker complains of persistent low back pain. There is lumbosacral spasm present and negative impingement. Treatment requested is for MEDS for unit with garment Qty: 1.00 (TENS unit with four independent channels in NMES mode, two independent channels in interferential mode).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDS for unit with garment Qty: 1.00 (TENS unit with four independent channels in NMES mode, two independent channels in interferential mode): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) and Neuromuscular electrical stimulation (NMES devices) Page(s): 118-120 and 121.

**Decision rationale:** MEDS four unit with garment Qty: 1.00 (TENS unit with four independent channels in NMES mode, two independent channels in interferential mode) is not medically necessary per the MTUS Guidelines. The MTUS states that in regards to interferential therapy there is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The MTUS states that NMES (Neuromuscular electrical stimulation) is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. The request for a MEDS four unit with garment is not medically necessary as this unit contains NMES which the guidelines do not support unless being used in a rehabilitation program post stroke. The request is therefore not medically necessary.