

<b>Case Number:</b>	CM14-0125949		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 79-year-old woman who sustained a work related injury on August 5, 2013. Subsequently, the patient developed chronic lower back, ankle, and foot pain. MRI of the lumbar spine dated January 13, 2014 showed disc dessication and loss of disc height at L1-2, L3-4, L4-5, and L5-S1 without evidence of significant disc herniation. MRI of the left ankle dated January 13, 2014 showed tenosynovitis of the exterior compartment. MRI of the left foot showed tenosynovitis of the exterior compartment, along with hallux valgus deformity with osteoarthritic changes at the first metatarsophalangeal joint. X-ray of the right hand and right long finger, reviewed on January 8, 2014, showed severe degenerative arthritis at the right long finger at the PIP joint region and mild degenerative arthritis at the first CMC joint. Prior treatments included: medications, brace, and physical therapy. According to a progress note dated June 5, 2014, the patient complained of persistent low back, left foot, and ankle pain. Hand/wrist examination revealed positive Finkelstein's test on the right. There was pain and tenderness noted over the basilar thumb joint. There was positive maneuver. On back/lower extremities examination, the patient walked with a mild limp. Percussion over the lower lumbar segment elicited discomfort at L4-5 and L5-S1. The sitting straight leg raise test was reported as positive at 90 degrees, bilaterally. The supine straight leg raise test was reported positive at 90 degrees, bilaterally. Left foot/ankle examination revealed swelling over the dorsum of the foot. Palpation of the patient's foot evoked complaint of tenderness over the anterior talofibular ligament and peroneal tendon. Sensation to pinprick and light touch was decreased in the anterolateral aspect of the thigh, bilaterally. The patient was diagnosed with right middle finger posterior interphalangeal joint fracture, right thumb basilar joint arthrosis, lumbar spine discopathy, lower extremity radiculitis, left foot/ankle sprain/strain, and left peroneal tendinitis. The provider requested authorization for Extended Rental of neurostimulator TENS-EMS.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Extended Rental of Neurostimulator TENS-EMS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116,121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

**Decision rationale:** According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. It could be recommended as an option for acute post operative pain in the first 30 days after surgery. There is no documentation that a functional restoration program will parallel the use of Dual TENS/EMS. There is no clear justification of continuous use of TENS. Therefore, the request of Extended Rental of Neurostimulator TENS-EMS is not medically necessary.