

<b>Case Number:</b>	CM14-0147071		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	09/28/2002
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Preventive Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 70-year-old female with a 9/28/02 date of injury. At the time (7/11/14) of request for authorization for Pro Stim 5.0 Unit, there is documentation of subjective (bilateral knee and low back pain) and objective (pain on heel toe maneuver, tenderness to palpation over paralumbar musculature with decreased range of motion, positive straight leg raise, and hamstring tenderness) findings, current diagnoses (bilateral knee arthrosis and internal derangement, lumbar spine sprain/strain syndrome with discopathy, and status post right knee arthroscopy), and treatment to date (medications and TENS unit). Medical report identifies a request for pro-stim unit that can combat pain and swelling while also treating muscle injuries. There is no documentation that neuromuscular electrical stimulation (NMES) will be primarily used as part of a rehabilitation program following stroke.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pro Stim 5.0 Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) and Neuromuscular Electrical Stimulation, Pag.

**Decision rationale:** An online search identifies that the Pro Stim unit is a combination of neuromuscular electric stimulant (NMES) and TENS unit. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Furthermore, MTUS Chronic Pain Medical Treatment Guidelines states that neuromuscular electrical stimulation (NMES) is not recommended and that NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Within the medical information available for review, there is documentation of diagnoses of bilateral knee arthrosis and internal derangement, lumbar spine sprain/strain syndrome with discopathy, and status post right knee arthroscopy. In addition, there is documentation of previous use of a TENS unit. However, despite documentation of a request for pro-stim unit to combat pain and swelling while also treating muscle injuries, there is no documentation that neuromuscular electrical stimulation (NMES) will be primarily used as part of a rehabilitation program following stroke. Therefore, based on guidelines and a review of the evidence, the request for Pro Stim 5.0 Unit is not medically necessary.