

<b>Case Number:</b>	CM14-0211209		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	09/26/2011
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 49 year old female with an injury date of 09/26/11. One progress report dated 03/01/12 was provided, therefore a more recent AME report was used. Based on the 09/09/14 AME report provided by treating physician, the patient complains of neck, upper extremities and bilateral knee pain, due to repetitive and strenuous work activities. Patient has a normal gait. Physical examination revealed tenderness to both sides of the neck. Range of motion was decreased, with pain. Positive Impingement sign of the right shoulder with decreased range of motion. Examination to the lumbar spine revealed tenderness to the lumbar area and decreased range of motion. Positive straight leg raise test. Per Comprehensive Rheumatology Consultation and Permanent and Stationary Report dated 08/16/13 from AME report, the patient has been prescribed Prozac, Tramadol, Sonata or Lunesta, Omeprazole, Prednisone or Deltasone, and topical flurbiprofen. The patient has reached maximum medical benefit and is on modified duty. Per Request for Authorization form dated 05/30/14, treating physician states "patient is eligible for one month home-based trial of TENS/EMS (with supplies) per attachment(s) due to neuropathic pain," for the diagnosis of Thoracic or lumbosacral neuritis or radiculitis, unspecified. Referred attachment was not provided. Diagnosis 09/09/14- myofascial sprain of the cervical spine- myofascial sprain of the lumbar spine- impingement syndrome, right shoulder- mild left carpal tunnel syndrome- sprain, right foot- hammer toe, right second toe The utilization review determination being challenged is dated 11/20/14. AME report dated 09/09/14 was provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS/EMS Unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of TENS in chronic intractable pain Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter under Electrical muscle stimulation (EMS).

**Decision rationale:** The patient presents with neck, upper extremities and bilateral knee pain, due to repetitive and strenuous work activities. The request is for TENS/EMS Unit. Patient's diagnosis on 09/09/14 included cervical and lumbar myofascial sprain, and right shoulder impingement syndrome. Patient has a normal gait. Per Comprehensive Rheumatology Consultation and Permanent and Stationary Report dated 08/16/13 from AME report, the patient has been prescribed Prozac, Tramadol, Sonata or Lunesta, Omeprazole, Prednisone or Deltasone, and topical flurbiprofen. The patient has reached maximum medical benefit and is on modified duty. According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain: (p114-116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter under Electrical muscle stimulation (EMS) states: "Not recommended. The current evidence on EMS is either lacking, limited, or conflicting. There is limited evidence of no benefit from electric muscle stimulation compared to a sham control for pain in chronic mechanical neck disorders (MND). Most characteristics of EMS are comparable to TENS. The critical difference is in the intensity, which leads to additional muscle contractions..... In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. (Kjellman, 1999)" Per Request for Authorization form dated 05/30/14, treating physician states "patient is eligible for one month home-based trial of TENS/EMS (with supplies) per attachment(s) due to neuropathic pain," for the diagnosis of Thoracic or lumbosacral neuritis or radiculitis, unspecified. Treater has not provided reason for the request, nor documented objective progress towards functional restoration. While MTUS does recommend a 30 day trial of TENS, the request is for a dual unit, of which EMS or electrical muscle stimulator, also known as NMES is specifically not recommended for chronic pain. The request does not meet guideline indications, therefore TENS /EMS IS NOT medically necessary.