

<b>Case Number:</b>	CM14-0215931		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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 & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 25 year old male sustained work related industrial injuries on July 9, 2012. The mechanism of injury involved a motor vehicle accident. The injured worker sustained injuries to the head, neck, left forearm, teeth and jaw. The injured worker was diagnosed and treated for traumatic brain injury, cervical spine fracture, thoracic and lumbar spine strain, bilateral shoulder pain, left forearm contusion, left carpal tunnel syndrome, chest contusion, stress, anxiety, depression, and dental trauma. Prior treatment consisted of radiographic imaging, diagnostic studies, prescribed medications, physical therapy, acupuncture treatment in 2013, chiropractic therapy from July-September 2014, consultations and periodic follow up visits. Per treating provider report dated November 19, 2014, the injured worker's cervical spine and upper extremities exam revealed tenderness to palpitation at C7 to T1 and a decrease in cervical range of motion. Neurological examination was unremarkable. Shoulder exam revealed tenderness to palpitation along the supraspinatus deltoid complexes. There was tenderness to palpitation noted on the anterior aspect of the left forearm and decrease range of motion of the shoulder and wrist. Thoracic spine exam revealed tenderness to palpitation and paravertebral muscle guarding with decrease range of motion in thoracic and lumbar spine. According to the treating provider report dated November 12, 2014 the injured worker's final whole person impairment was 33 percent. As of October 23, 2014, the injured worker remains on modified work restrictions. The treating physician prescribed services for rental extension of neurostimulator transcutaneous electrical nerve stimulation (TENS) unit now under review. On December 10, 2014, the Utilization Review (UR) evaluated the prescription for TENS unit requested on December 03, 2014. Upon review of the

clinical information, UR noncertified the request for rental extension of neurostimulator transcutaneous electrical nerve stimulation (TENS) unit, noting the lack of current clinical documentation for UR review and lack of rational for rental extension and recommendations of the MTUS guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

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

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

#### **Rental Extension of Neurostimulator Transcutaneous Electrical Nerve Stimulation (TENS) for 6 Months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation Page(s): 114-116.

**Decision rationale:** This patient presents with numbness in the left side of the face, headaches, neck pain, low back pain and upper extremity pain with numbness in to the left forearm/ wrist. The current request is for RENTAL EXTENSION OF NEUROSTIMULATOR TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION -TENS- FOR 6 MONTHS. The Utilization review denied the request using MTUS guidelines for neuromuscular electrical stimulation device, NMES. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. Review of the medical file indicates that the patient has recently trialed a TEN/EMS combo unit which stabilized and controlled pain and increased ROM. An extended rental of the TENS/EMs was requested on 7/23/14. There is no documentation regarding frequency of use, magnitude of pain reduction, and functional changes with prior use of TENS/EMS unit. MTUS allows for extended use of the unit when there is documentation of functional improvement. Furthermore, the request is for a dual unit, of which EMS or electrical muscle stimulator, also known as NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. This request IS NOT medically necessary.