

<b>Case Number:</b>	CM14-0051964		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	03/15/2011
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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:

The injured worker is a 46 year old male with a reported industrial injury on March 15, 2011, after he was lifting five gallons water, slipped backward because the floor was wet and heard a pop in the back while trying to catch his balance. The injured worker was seen on December 24, 2013, for follow-up visit with secondary treating physician. The presenting complaints included severe pain that is constant in the low back with right lower extremity tingling, numbness and pain radiating to thigh. The physical exam revealed increased lumbar spine pain with palpation, decreased range of motion and positive straight leg rise. The diagnostic studies have included s/p anterior lumbar spine fusion, left lower radiculopathy, lumbar Spain/strain. The medical treatment is Soma, Oxycodone, lumbar spine laminectomy decompression with fusion on 10/10/2013 and a lumbar spinal fusion in 2011, physical therapy, aquatic therapy times two sessions. Diagnoses are Magnetic resonance imaging (MRI) and X-ray dates and results not provided. The treatment plan is medication refills, start aquatic therapy. On February 24, 2014 the injured worker was seen for physical therapy and was the initial assessment reporting decreased range of motion to the lumbar spine, shortened step length, asymmetrical stride length, decreased cadence, antalgic gait with rolling walker, decreased pelvic rotation/movement through gait cycle, decreased knee flexion during initial swing, bilaterally, decreased knee extension during terminal swing bilaterally and decreased hip extensions during terminal stance. Lumbar slump test, SLR@20 degrees right lower extremity, 40 degrees left lower extremity, Patricks' Test, Thomas' test and Ely's test were all positive. There was tenderness noted to palpation to lumbar spine para-spinal, SI joint, QL, gluteals; tightness lumbar spine para-spinal,

erector spinae, asymmetric tightness to both lower extremities right greater than left. On February 10, 2014, the provider requested Neurostimulator TENS-EMS 12 month rental lumbar spine, on February 21, 2014, the Utilization Review modified the request to Neurostimulator TENS-EMS 1 month rental lumbar spine the decision was based on the California Medical treatment utilization schedule (MTUS) guidelines.

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

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

**Neurostimulator TENS - EMS 12 month rental for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tens Page(s): 114-116. Decision based on Non-MTUS Citation Neck and Upper Back (Acute & Chronic) Chapter under Electrical muscle stimulation (EMS)

**Decision rationale:** The patient presents with low back pain rated 8-9/10, radiating to the bilateral legs, with numbness and tingling on the right foot. The request is for neurostimulator TENS-EMS 12 month rental lumbar spine. Patient is status post lumbar spine posterior fusion L5-S1 10/10/13. Patient's medications include Oxycodone and Soma. Patient is temporarily totally disabled, per treater report dated 11/04/13. 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 treatment plan in progress report dated 01/15/14, requesting provider recommends physical therapy to include "IFC E-Stim: Application of E-Stim to modulate pain..." While MTUS does recommend a 30 day trial of TENS, 12 month rental is excessive. Furthermore, 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 Neurostimulator TENS-EMS is not medically necessary.