

<b>Case Number:</b>	CM15-0115103		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	04/23/2012
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 24 year old male, who sustained an industrial injury on 4/23/2012, resulting from cumulative trauma. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy, lumbar/thoracic sprain/strain. Treatment to date has included diagnostics, lumbar spinal surgery (2013), epidural steroid injections, and medications. Currently (5/04/2015), the injured worker reported staying the same since previous visit. He was still not losing weight, his spouse reported that he was not walking, and he was eating less. His weight was stable at 310 pounds (height noted at 5'9" in other progress reports). He reported right lower back pain and sciatica, rated 4-5/10. He was taking Epsom salt baths for relaxation and relief. Exam of the lumbar spine noted paraspinal muscle tenderness, without tight muscle band palpated. There was a positive slump test with reproduction of radicular complaints. Continued Oxycodone was prescribed. He was encouraged to walk daily and eat less. He remained off duty. The treatment plan included electrical stimulation unit supplies for indefinite use, without rationale noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**E-Stim Unit (IF/TENS/NMES) and Supplies (Indefinite Use): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), Neuromuscular electrical stimulation, TENS Page(s): 118, 121, 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS); Neuromuscular electrical stimulation (NMES devices); Transcutaneous electrotherapy Page(s): 118 and 121 and 114-116.

**Decision rationale:** E-Stim Unit (IF/TENS/NMES) and Supplies (Indefinite Use) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines notes that NMES is not supported for the treatment of chronic pain and used primarily for post stroke rehabilitation. Additionally, the Chronic Pain Medical Treatment Guidelines note that interferential current stimulation (ICS) is not recommended as an isolated intervention. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing 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; rental would be preferred over purchase during this trial. The documentation does not indicate that the patient meets the above criteria as there is no evidence that this patient is using this device which contains NMES for post stroke rehabilitation. The E Stim Unit and supplies are not medically necessary.