

<b>Case Number:</b>	CM15-0163532		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	06/06/2015
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 56-year-old who has filed a claim for shoulder and low back pain reportedly associated with an industrial injury of June 6, 2015. In a Utilization Review report dated August 11, 2015, the claims administrator failed to approve a request for one-month home-based trial of a neurostimulator TENS-EMS device with associated electrodes, batteries, and lead wires. The claims administrator referenced a July 31, 2015 RFA form and a July 2, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On July 2, 2015, the applicant apparently transferred care to a new primary treating provider (PTP), reporting multifocal complaints of shoulder, midback, and low back pain. The applicant was given a rather proscriptive 5-pound lifting limitation, which the treating provider suggested that the applicant's employer would likely be unable to accommodate. 12 sessions of physical therapy to include multiple different passive modalities, manipulative therapy, electrical muscle stimulation, topical compounds, and a multimodality transcutaneous electrical therapy were endorsed. A lumbar support was also prescribed. The applicant's primary presenting complaints included the low back, mid back, and shoulder, it was suggested in several sections of the note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One month home-based trial of Neurostimulator TENS/EMS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back procedure summary.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Shoulder Complaints 2004, Section(s): Summary, and Low Back Complaints 2004, Section(s): Summary.

**Decision rationale:** No, the request for a one-month home-based trial of a neurostimulator TENS-EMS device was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308 notes that TENS units are deemed not recommended in evaluation and management in applicants with low back pain complaints, as were present here on or around the date of the request, July 2, 2015. The MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 also notes that TENS units are deemed not recommended in the evaluation and management of the applicants with upper back complaints, as were present here on or around the date of the request, July 2, 2015. Finally, the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 212 notes that passive modalities such as the TENS-EMS modality in question are deemed not recommended in the evaluation and management of applicants with shoulder pain complaints as were likewise present here, on or around the date in question, July 2, 2015. Here, the attending provider's concomitant request for a multimodality TENS-EMS device, in-office electrical stimulation and infrared therapy, manipulative therapy, massage therapy, and multiple topical compounded medications, taken together, represented a reliance of multiple different passive modalities, which, per the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 212, are deemed not recommended in the shoulder pain context present here. Therefore, the request was not medically necessary.

**One month supply of electrodes, batteries, and lead wires:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary request for a TENS-EMS device was deemed not medically necessary, the derivative or companion request for an associated one-month positive supply of electrodes, batteries, and lead wires was likewise not medically necessary.