

<b>Case Number:</b>	CM15-0173510		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	04/05/2006
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: Massachusetts

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

### 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 50 year old female who sustained an industrial injury on 4-5-06. A review of the medical records indicates she is undergoing treatment for cervical disc protrusion, cervical sprain and strain, lumbar disc protrusion, lumbar sprain and strain, right rotator cuff tear, right shoulder sprain and strain, left rotator cuff tear, and left shoulder sprain and strain. Medical records (6-16-15 to 8-3-15) indicate ongoing complaints of neck, low back, and bilateral shoulder pain. She rates the pain "7 out of 10" and describes it as "sharp". The progress note indicates radiation of the pain, but the location of radiation is not specified (7-31-15). The physical exam (6-24-15) indicates no range of motion limitation in the cervical spine, lumbar spine, left or right shoulder. However, it does indicate tenderness to palpation of the bilateral trapezial and cervical paravertebral muscles, bilateral S1 joint and lumbar paravertebral muscles, the right anterior and posterior shoulder, and the left anterior and posterior shoulder. Muscle spasms were noted of the cervical paravertebral muscles, lumbar paravertebral muscles, and bilateral anterior shoulders. Diagnostic studies have included MRIs of the cervical and lumbar spines, as well as the right shoulder. Treatment has included activity modification - the injured worker is currently not working, chiropractic treatments, traction, "physical and manipulating therapy" (6-19-15), electrical stimulation, infrared treatment, acupuncture, shockwave treatments, Capsaicin Patches, and topical compound creams. The utilization review (8-6-15) indicates the requested treatment as durable medical equipment prime dual TENS-EMS unit; rental or purchase. The requested treatment was denied due to lack of documentation regarding the requested treatment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One TENS/NMES unit (rental or purchase unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The claimant sustained a work injury in April 2006 and is being treated for chronic low back pain. She was seen for an initial evaluation by the requesting provider on 06/24/15. She was having neck, low back, and bilateral shoulder pain. There was normal range of motion with tenderness and muscle spasms. Chiropractic and shock wave treatments were provided. A dual TENS/EMS unit is being requested. Use of a neuromuscular electrical stimulation (NMES) device is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of a basic TENS unit. A combined TENS/EMS unit is not medically necessary for either a trial or for indefinite use.