

<b>Case Number:</b>	CM15-0177303		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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 68 year old female who sustained an industrial injury on July 17, 2012. A primary treating office visit dated June 25, 2015 reported subjective complaint of headaches, as well as pain in the neck, mid and upper back and right shoulder pain. The diagnostic impression noted: head pain; cervical musculoligamentous strain and sprain; thoracic musculoligamentous strain and sprain; right shoulder sprain and strain; right shoulder tendinitis; rule out right shoulder impingement syndrome, and right shoulder rotator cuff tear. The plan of care is with recommendation for physical therapy to be put on hold; prescribed: Mobic and Prime dual electric stimulator unit with supplies and pending surgery authorization. Previous treatment to include: activity modification, medications, acupuncture, chiropractic care, and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prime Dual Electrical Stimulator (TENS-EMS - transcutaneous electrical nerve stimulation), Purchase:** 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:** Prime Dual Electrical Stimulator (TENS-EMS - transcutaneous electrical nerve stimulation), Purchase is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NMES (neuromuscular electrical stimulation) is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. The guidelines state that 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. The guidelines state that a TENS unit can be used for neuropathic pain; CRPS; MS; spasticity; and phantom limb pain. The documentation does not indicate evidence of the patient undergoing stroke rehabilitation therefore this request is not medically necessary.