

<b>Case Number:</b>	CM15-0073513		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	03/25/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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 36 year old female, who sustained an industrial injury on 03/25/2014. She reported that she slipped while walking down the steps of a bus causing her to fall backwards injuring her lower back and left elbow on the edge of a step. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, sciatica, left rotator cuff sprain/strain, left radiohumeral sprain/strain, and left carpal sprain/strain. Treatment to date has included x-ray of the low back, magnetic resonance imaging of the low back, medication regimen, injections to the lower back, and physical therapy. In a progress note dated 02/04/2015 the treating physician reports complaints of frequent moderate to severe burning and aching pain to the lumbar spine with pain radiating to the right leg, occasionally slight tingling pain to the left wrist and hand, and frequent moderate tingling and sore pain to the left shoulder. The treating physician requested a one month home-based trial of transcutaneous electrical nerve stimulation with electric muscle stimulation along with supplies to decrease pain and muscle spasms.

### 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 (transcutaneous electrical nerve stimulation), Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; TENS (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) and Transcutaneous electrotherapy Page(s): 121 and 114-117.

**Decision rationale:** One Month Home-Based trial of Neurostimulator TENS-EMS (transcutaneous electrical nerve stimulation), Lumbar Spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines state that a TENS unit can be used for neuropathic pain; CRPS; MS; spasticity; and phantom limb pain. The MTUS states that neuromuscular stimulation is not recommended for chronic pain. Per the MTUS NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Functional neuromuscular stimulation is used in spinal cord-injured or stroke patients to function independently, or at least maintain healthy and also muscle tone and strength and also used to stimulate quadriceps muscles following major knee surgeries to maintain and enhance strength during rehabilitation. The documentation submitted does not reveal that patient has a history of a stroke, spinal cord injury, or recent knee surgery and therefore the request for a neuromuscular stimulator is not medically necessary. The request for a home based trial of neurostimulator TENS-EMS is not medically necessary.

**One Month TENS-EMS (transcutaneous electrical nerve stimulation) Supplies (Electrodes, Batteries & Lead Wires):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; TENS (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) and Transcutaneous electrotherapy Page(s): 121 and 114-117.

**Decision rationale:** One Month TENS-EMS (transcutaneous electrical nerve stimulation) Supplies (Electrodes, Batteries & Lead Wires) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines state that a TENS unit can be used for neuropathic pain; CRPS; MS; spasticity; and phantom limb pain. The MTUS states that neuromuscular stimulation is not recommended for chronic pain. Per the MTUS NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Functional neuromuscular stimulation is used in spinal cord-injured or stroke patients to function independently, or at least maintain healthy and also muscle tone and strength and also used to stimulate quadriceps muscles following major knee surgeries to maintain and enhance strength during rehabilitation. The documentation submitted does not reveal that patient has a history of a stroke, spinal cord injury, or recent knee surgery and therefore the request for a neuromuscular stimulator is not medically necessary. The request for a

home based trial of neurostimulator TENS-EMS is not medically necessary therefore the request for TENS-EMS supplies is not medically necessary.