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| <b>Case Number:</b>   | CM15-0078013 |                              |            |
| <b>Date Assigned:</b> | 04/29/2015   | <b>Date of Injury:</b>       | 09/12/2009 |
| <b>Decision Date:</b> | 06/10/2015   | <b>UR Denial Date:</b>       | 03/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/23/2015 |

### 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: Anesthesiology, 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 33 year old female, who sustained an industrial injury on 09/12/2009. The initial complaints or symptoms included low back pain. The injured worker was diagnosed as having lumbosacral spine muscular ligamentous strain/sprain. Treatment to date has included conservative care, medications, x-rays, MRIs, conservative therapies, injections, and electrical nerve stimulator implant. Per the most recent exam (09/09/2014), the injured worker complained of chronic right lower extremity pain and weakness with persistent tenderness over the right dorsal foot. The diagnoses include chronic wide spread pain disorder, depressive disorder with anxiety and panic attacks, chronic migraines, sleep disorder, mild thoracic scoliosis, right foot pain and right knee sprain secondary to abnormal gait. The request for authorization included Zynex electrical muscle stimulator for home use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zynex EMS unit for home use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electrical muscle stimulation (EMS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 113.

**Decision rationale:** According to the MTUS, TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for the conditions described below: a home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II, CRPS I, neuropathic pain, phantom limb pain, spasticity, multiple sclerosis. According to the documents available for review, injured worker has none of the MTUS / recommended indications for the use of a TENS unit. Therefore, at this time, the requirements for treatment have not been met, and the request is not medically necessary.