

<b>Case Number:</b>	CM15-0097801		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	09/25/2014
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, 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:

This 31 year old female sustained an industrial injury on 9/25/14. She subsequently reported neck, back and bilateral upper extremity pain. Diagnoses include cervical spine sprain/ strain, right upper extremity radiculopathy and right rotator cuff tear. Treatments to date include MRI testing, TENS treatment, injections, chiropractic care, modified work duty, physical therapy and prescription pain medications. The injured worker continues to experience pain in the neck, shoulders, mid back, arms and hands. Upon examination, right shoulder range of motion is reduced. There is tenderness at the right subacromial bursa. Neer impingement, Hawkins impingement and Jobe tests were positive on the right. A request for One (1) month home based trial of neurostimulator TENS-EMS with supplies was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) month home based trial of neurostimulator TENS-EMS with supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

**Decision rationale:** According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. There is no documentation of neuropathic pain in this case. Therefore, One (1) month home based trial of neurostimulator TENS-EMS with supplies is not medically necessary.