

<b>Case Number:</b>	CM14-0152671		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	05/02/2008
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 75-year-old male who reported an injury on 05/02/2008 while working at [REDACTED]. When he was checking the locks on various doors, as he stepped down from a golf cart, his left foot slipped on wet sand strewn on top of the concrete surface. He fell on his buttocks. He injured his low back, hips, shoulders, left upper extremity, hands, and all fingers as a result of working the night shift as a night watchman. The injured worker's treatment history included medications, surgery, epidural steroid injections, postoperative physical therapy, and MRI studies. The injured worker was evaluated on 08/26/2014, and the injured worker complained of ongoing low back pain with radicular features and left shoulder pain. The physical examinations showed abnormal posture. There were tender points. Cervical compression was positive. The diagnoses included left shoulder sprain with early frozen shoulder and lumbosacral strain with bilateral sciatica. The Request for Authorization was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prime-dual TENS-EMS unit for one month home trial with 2 months purchase of supplies (electrodes, batteries, lead wires): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 65, Chronic Pain Treatment Guidelines Criteria for the use of TENS; Neuromuscular electrical stimulat

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS, Neuromuscular electrical stimulation (NMES devices) Page(s): 114-1.

**Decision rationale:** The requested is not medically necessary. Chronic Pain Medical Treatment Guidelines do not recommend a transcutaneous electrical nerve stimulation (TENS) unit 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 and other ongoing pain treatment including medication usage. It also states that the TENS unit is recommended for neuropathic pain including diabetic neuropathy and post-herpetic neuralgia. The guidelines recommends as a treatment option for acute post-operative pain in the first thirty days post-surgery. In addition, the provider failed to indicate long-term functional goals for the injured worker. Furthermore, the guidelines recommend 30-day trial the recommended the request failed to indicate duration of trial home use for the injured worker. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, state NMES 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. There are no intervention trials suggesting benefit from NMES for chronic pain. The scientific evidence related to electromyography (EMG)-triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program. Neuromuscular Electrical Stimulation Devices (NMES), NMES, through multiple channels, attempts to stimulate motor nerves and alternately causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. NMES devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range-of-motion, and re-educate muscles. There is no clear evidence that refutes guidelines recommendations of the EMS component. There is certainly no evidence that combines these 2 modalities to have any greater clinical efficiency. The provider failed to indicate if the injured worker has had physical therapy. As such, the request for prime-dual TENS-EMS unit for 1 month home trial with 2 months purchase of supplies (electrodes, batteries, lead wires) is not medically necessary.