

<b>Case Number:</b>	CM13-0015710		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	07/27/1999
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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 Family Practice 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 patient is a 49-year-old female, who reported an injury on 07/27/1999 after a trip and fall that reportedly caused injury to multiple body parts. The patient's treatment history included the use of a TENS unit, physical therapy, orthotics, chiropractic care, and multiple medications. The patient was evaluated on 08/06/2013. It was documented that the patient had reduced range of motion of the cervical and lumbar spine, with a positive Kemp's test bilaterally, a positive straight leg raising test bilaterally, a positive shoulder depression test bilaterally, and a positive foraminal compression test bilaterally. The patient's diagnoses included spondylolisthesis grade I at the L4-5 and L5-S1, lumbar scoliosis, lumbar degenerative disc disease, spinal enthesopathy, cervical segmental dysfunction, cervical degenerative disc disease, and retrolisthesis of the C5. It was noted that the patient's conservative treatments included electrical muscle stimulation, ultrasound, myofascial release, and therapeutic exercises. The request was made for a one (1) year of supplies for an electrical stimulation unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 YEAR OF SUPPLIES FOR ELECTRICAL STIMULATION UNIT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation BLUECROSS BLUESHIELD, MEDICARE 2006 GUIDELINES, AETNA, 2005, HUMANA, 2004, AND THE US DEPARTMENT VA, 2001

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

**Decision rationale:** The Chronic Pain Guidelines recommend that the continued use of a TENS unit be based on documentation of functional benefit and pain relief. The patient's most recent clinical documentation does indicate that the patient undergoes electrical stimulation. However, there is no objective functional benefit or indication of pain relief resulting from the use of the electrical stimulation unit. Therefore, continued use would not be supported. As such, the requested one (1) year of supplies for electrical stimulation unit is not medically necessary or appropriate.