

<b>Case Number:</b>	CM13-0020287		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	06/23/2010
<b>Decision Date:</b>	01/13/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and has a subspecialty certificate in Sports Medicine and is licensed to practice in California, New York, and Texas. 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 physician 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 52-year-old male who reported an injury on 06/23/2010. There were no recent clinical notes submitted for this review. The latest evaluation was conducted on December 28, 2011 by [REDACTED]. The patient reported lower back pain with occasional muscle spasms. Physical examination revealed a negative straight leg raise, symmetric reflexes, no sensory deficits, fifty degrees of lumbar flexion, thirty degrees of extension and twenty degrees of right and left lateral flexion. The patient only reported intermittent pain. The patient was also performing usual and customary duties. It was noted that the patient was receiving benefit from an OrthoStim electrical unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 lead wires, per pair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Due to the lack of information available regarding the issue at dispute, the physician reviewer was unable to cite guidelines or evidence basis for the decision.

**Decision rationale:** Final Determination Letter for IMR Case Number CM13-0020287 3  
Clarification of the specific electrical stimulation device, type of electrical stimulation, usage prior to 06/26/2013, frequency and duration of use and the patient's subjective, objective and functional response to the use of this device is needed As such, the request is non-certified.

**4 electrodes, per pair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Due to the lack of information available regarding the issue at dispute, the physician reviewer was unable to cite guidelines or evidence basis for the decision..

**Decision rationale:** Clarification of the specific electrical stimulation device, type of electrical stimulation, usage prior to 06/26/2013, frequency and duration of use and the patient's subjective, objective and functional response to the use of this device is needed As such, the request is non-certified.

**6 replacement batteries:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Due to the lack of information available regarding the issue at dispute, the physician reviewer was unable to cite guidelines or evidence basis for the decision..

**Decision rationale:** Clarification of the specific electrical stimulation device, type of electrical stimulation, usage prior to 06/26/2013, frequency and duration of use and the patient's subjective, objective and functional response to the use of this device is needed As such, the request is non-certified.

**8 adhesive remover wipes:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Due to the lack of information available regarding the issue at dispute, the physician reviewer was unable to cite guidelines or evidence basis for the decision..

**Decision rationale:** Clarification of the specific electrical stimulation device, type of electrical stimulation, usage prior to 06/26/2013, frequency and duration of use and the patient's subjective, objective and functional response to the use of this device is needed As such, the request is non-certified.