

<b>Case Number:</b>	CM13-0025404		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	04/01/2010
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 45-year-old injured worker with a reported injury date of 04/01/10. An electrical stimulator for the cervical and lumbar spine has been requested. Records suggest a history of varied complaints including the neck, both knees, and groin. Though the patient reports numbness and tingling, complaints are not defined in a specific dermatoma pattern. The patient's primary complaints have been associated with the neck and cervical spine, and it is not clear if the patient has a specific lumbar diagnosis to correlate with complaints of generalized low back pain radiating down both legs. The patient's numbness and tingling again is not defined any specific radicular pattern. The patient has been diagnosed with a "chronic strain and sprain type syndrome".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for a Med 3 stimulator and electrodes for the cervical and lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

**Decision rationale:** Though the California MTUS Chronic Pain Medical Treatment Guidelines may support a home based TENS trial in certain settings, there is no clear diagnosis for this patient to suggest the patient would benefit from treatment. In addition, California MTUS Guidelines further indicate that this intervention is not recommended as a primary treatment modality and should only be used to an adjunct to a program of evidence functional restoration. Furthermore, neuromuscular electrical stimulation devices do not have supporting evidence for use in chronic pain and this patient's date of injury dates back to 2010. For all these reasons, the patient did not meet appropriate criteria for electrical stimulators for the cervical and lumbar spine as requested. The retrospective request for a Med 3 stimulator and electrodes for the cervical and lumbar spine is not medically necessary and appropriate.