

<b>Case Number:</b>	CM13-0028317		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	03/04/1997
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 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 60 year old male with a date of injury of 3/4/97. According to one of the reports that is not dated, the patient's diagnoses are s/p L4-S1 lami/discectomy from 2002, cervical sprain/strain, right wrist carpal tunnel syndrome, GI reflux and depression. The request is for TENS unit supplies, and this request was denied by a UR letter dated 9/18/13, citing lack of the necessary information, including the specific type of instrument and patient's functional response. Hand-written notes by [REDACTED] are primarily available for my review. Most of them are illegible, but the 9/27/13 report says to continue HEP/EMS. The patient has some kind of topical lotion that decreases pain and "Huma EMS unit was 'taken back' by provider."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 electrodes:** 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 NMES Devices Page(s): 121, 8.

**Decision rationale:** This patient suffers from chronic low back pain with history lumbar fusion, chronic neck pain. The request is for 8 electrodes, presumably for the "EMS" unit that the patient was using. MTUS guidelines require physician monitoring of the treatments rendered. In this case, there were no monitoring of the "EMS" unit use. There are no reports of the patient's benefit or functional improvement in any of the reports reviewed. Furthermore, electrical muscle stimulators are not recommended by MTUS guidelines.

**Request for 12 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 cite any medical evidence for its decision.

**Decision rationale:** Since the primary item is not medically necessary, none of the associated items are medically necessary.

**Request for 16 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 cite any medical evidence for its decision.

**Decision rationale:** Since the primary item is not medically necessary, none of the associated items are medically necessary.