

<b>Case Number:</b>	CM13-0028791		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	10/26/2003
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 68 year old male presenting with left knee and lower leg pain following a work related injury on 10/26/2013. The physical exam was significant for decreased range of motion of the lumbar spine with pain, hypertonicity of the lumbar spine. The claimant was diagnosed with adhesive capsulitis, shoulder, degenerative lumbar disc, and lumbar sprain/strain. The claimant was prescribed Vistaril and an E-Stim to be used in combination with exercise and medication to increase activity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for 1 Electrical Stimulation (E-Stim) Unit for a 30-day trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Electrical Stimulation Page(s): 114-117.

**Decision rationale:** 1 E-Stim Unit for a 30-day trial is not medically necessary. MTUS guidelines page 117 states that H-wave therapy is not recommended as an isolated intervention, but a one-month home-based trial of H- Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain (Julka, 1998) (Kumar, 1997) (Kumar, 1998), or

chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). Additionally, per MTUS, Inferential Current is "not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues." Finally, page 114 of MTUS states that a one month home-based TENs trial may be considered as a noninvasive conservative option, if used as an adjunct to an evidence based functional restoration program. As it relates to this case, an E-Stim unit was prescribed with an evidence-based functional restoration program. Per MTUS 1 E-Stim unit is not medically necessary.