

<b>Case Number:</b>	CM13-0029688		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	10/27/2009
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 Family Practice and is licensed to practice in 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:

This claimant is a 44-year-old female with reported date of injury of October 27, 2009. The mechanism of injury is described as motor vehicle accident and she was a passenger in the front seat wearing a seat belt when the car she was riding in was stopped and was rear ended by another vehicle. She was seen for neurological examination on November 2012 at which time she had right-sided mouth asymmetry, decreased hearing in her right ear, and decreased sensation to the right 3 branches of the trigeminal nerve of her face. She was seen back in clinic on July 02, 2013 for continued complaints of pain. She reports pain to her neck, mid back, and low back. She reported continued headaches. On exam, cranial nerves 2 through 12 were grossly intact, deep tendon reflexes were 2+ and brisk in the bilateral lower extremities, there were no focal neurological deficits and motor exam was 5/5 in all muscle groups tested. The most recent laboratory analysis on May 21, 2013 was essentially normal. Diagnoses included status post work related injury and cephalgia. Plan was to provide Transcutaneous electrical nerve stimulation (TENS) and/or Neuromuscular Electrical Stimulation (NMES) supplies in the form of electrode pack #8, power packs #24, adhesive removal towel mint #32 and TT and SS lead wires #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable Medical Equipment (DME) supplies: eight (8) electrode packs: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Interferential Current Stimulation (ICS)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS and NMES Page(s): 114-121.

**Decision rationale:** The most recent records indicate this claimant is neurovascularly intact, although she complains of pain to her neck, mid back, and low back. Laboratory analysis is essentially within normal limits and her pain scale was not objectively identified on that date. There was no indication of significant muscle spasticity or spasms or objective evidence to support the use of a TENS unit or an NMES unit and/or their supplies. There is no indication that she has had a successful trial with either unit as recommended by the California MTUS Chronic Pain Guidelines. There is no indication that there has been a complete treatment plan submitted, including the short and long-term goals of this treatment, or that she had reduced medication usage and increased functionality with these device. The most recent note is dated July 02, 2013 and therefore the current status of this claimant is unknown and as such, it is indeterminate whether she continues to experience subjective complaints of pain at this time. Therefore, this request is non-certified.

**DME supplies: 24 power packs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS and NMES Page(s): 114-121.

**Decision rationale:** The most recent records indicate this claimant is neurovascularly intact, although she complains of pain to her neck, mid back, and low back. Laboratory analysis is essentially within normal limits and her pain scale was not objectively identified on that date. There was no indication of significant muscle spasticity or spasms or objective evidence to support the use of a TENS unit or an NMES unit and/or their supplies. There is no indication that she has had a successful trial with either unit as recommended by the California MTUS Chronic Pain Guidelines. There is no indication that there has been a complete treatment plan submitted, including the short and long-term goals of this treatment, or that she had reduced medication usage and increased functionality with these device. The most recent note is dated July 02, 2013 and therefore the current status of this claimant is unknown and as such, it is indeterminate whether she continues to experience subjective complaints of pain at this time. Therefore, this request is non-certified.

**DME supplies: 32 adhesive remover towel mints:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS and NMES Page(s): 114-121.

**Decision rationale:** The most recent records indicate this claimant is neurovascularly intact, although she complains of pain to her neck, mid back, and low back. Laboratory analysis is essentially within normal limits and her pain scale was not objectively identified on that date. There was no indication of significant muscle spasticity or spasms or objective evidence to support the use of a TENS unit or an NMES unit and/or their supplies. There is no indication that she has had a successful trial with either unit as recommended by the California MTUS Chronic Pain Guidelines. There is no indication that there has been a complete treatment plan submitted, including the short and long-term goals of this treatment, or that she had reduced medication usage and increased functionality with these device. The most recent note is dated July 02, 2013 and therefore the current status of this claimant is unknown and as such, it is indeterminate whether she continues to experience subjective complaints of pain at this time. Therefore, this request is non-certified.

**DME supplies: one (1) TT and SS leadwires:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS and NMES Page(s): 114-121.

**Decision rationale:** The most recent records indicate this claimant is neurovascularly intact, although she complains of pain to her neck, mid back, and low back. Laboratory analysis is essentially within normal limits and her pain scale was not objectively identified on that date. There was no indication of significant muscle spasticity or spasms or objective evidence to support the use of a TENS unit or an NMES unit and/or their supplies. There is no indication that she has had a successful trial with either unit as recommended by the California MTUS Chronic Pain Guidelines. There is no indication that there has been a complete treatment plan submitted, including the short and long-term goals of this treatment, or that she had reduced medication usage and increased functionality with these device. The most recent note is dated July 02, 2013 and therefore the current status of this claimant is unknown and as such, it is indeterminate whether she continues to experience subjective complaints of pain at this time. Therefore, this request is non-certified.