

<b>Case Number:</b>	CM13-0032086		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	07/03/2008
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 expert 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 51-year-old who reported a work related injury on July 3, 2008. The patient is diagnosed with lumbar musculoligamentous sprain and strain with left lower extremity radiculitis, with degenerative disc disease at L5-S1 and moderate bilateral facet degenerative changes at L5-S1 with minimal degenerative changes at the L2 to L5 levels per imaging studies. The patient has complaints of low back pain with pain radiating to her left leg. The patient also complains of difficulty sleeping due to her pain. The patient has undergone chiropractic treatments with lumbar decompression and traction with some improvement. The patient also uses an H-wave home unit. A request has been made for 12 electrodes per pair between August 18 and August 18, 2013 and for 1 conductive gel or paste between August 18 and August 18, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE ELECTRODES, PER PAIR, ON AUGUST 18, 2013: 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 Interferential Current Stimulation (ICS) Section, Percutaneous Neuromodulation Therapy (PNT)

Sec. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Durable Medical Equipment.

**Decision rationale:** California Chronic Pain Medical Treatment Guidelines indicate that electrodes can either be placed at the site of pain or other locations, using a trial and error methodology with a TENS unit. They can also be used in interferential current stimulation units, h-wave units and in percutaneous neuromodulation therapy. Official Disability Guidelines indicate that durable medical equipment is generally recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment to include it can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. A rationale was not provided for the request for electrodes for the patient. It is unclear which medical equipment the electrodes are needed for. The request for twelve electrodes, per pair, on August 18, 2013, is not medically necessary or appropriate.

**ONE CONDUCTIVE GEL OR PASTE ON AUGUST 18, 2013:** 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 Official Disability Guidelines (ODG), Knee and Leg Chapter, Durable Medical Equipment.

**Decision rationale:** Official Disability Guidelines indicate that durable medical equipment is generally recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. There was no rationale given in the submitted clinical documentation for the request for 1 conductive gel or paste on August 18, 2013. It is unclear what the conductive gel or paste is used for. The request for one conductive gel or paste on August 18, 2013, is not medically necessary or appropriate.