

<b>Case Number:</b>	CM13-0032565		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Internal Medicine and is licensed to practice in Rhode Island. 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 beneficiary is noted to have chronic low back pain. The date of injury is 1/28/13. The beneficiary has tried multiple medications including opioids for pain control. He is seeking a DME interferential electrical stimulator. The pain is inadequately controlled with the medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Interferential (IF) electrical stimulator:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

**Decision rationale:** The beneficiary has chronic pain that is poorly managed with the present regimen of medication. He has tried conservative measures without good effect. MTUS chronic pain management guidelines allow for a one month trial of the stimulator (p.120) for this type of patient. I find that a one month trial is medically necessary.