

<b>Case Number:</b>	CM13-0038703		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	05/14/2004
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 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 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 39-year-old male who was injured on 05/14/2004. Mechanism of injury is unknown. Medication treatment included Glucosamine 400 mg two times daily, amitriptyline topical cream, Tramadol/Dextro 4/20/10% cream as a topical anti-inflammatory, Naproxen 550 mg, Gabapentin 600 mg and transdermal creams regularly, Tramadol, Soma, and Advil. Other treatment history includes physical therapy and home exercises. A clinic note dated 08/14/2013 documented the patient to have complaints of constant pain rated 5-10/10 it is described a sharp and stabbing with electrical shock-like and burning sensation. His low back pain radiated down the lower extremities, left greater than right, extending to his toes. There was numbness and tingling in the lower extremities, causing him to fall on several occasions which happen randomly, occurring three to four times annually. Weather changes also affected his low back pain level. With the cold weather it was usually rated an 8/10. The pain was aggravated when bending, twisting or turning. He experienced increased pain with prolonged sitting greater than 10-15 minutes and prolonged standing of greater than 30-60 minutes. He reported diminished levels of pain rated 5-7/10 with physical therapy. Objective findings on exam included examination of the lumbar spine which revealed mildly reduced range of motion. Sciatic stretch was negative. Straight leg raise test was negative. There was mildly decreased sensation at the L5 and S1 dermatomes on the left. The patient was diagnosed with L4, L5 and S1 lumbar discopathy with intermittent radiculopathy. The request is for 36 batteries, 12 electrodes, 48 adhesive removers, and 1 leadwire.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for 36 batteries:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS(transcutaneous electrical nerve stimulation) Page(s): 114-117.

**Decision rationale:** As per the Chronic Pain Medical Treatment Guidelines, "a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach)." This patient was diagnosed with L4-S1 lumbar discopathy with intermittent radiculopathy. He is having chronic lower back pain radiating down the lower extremities associated with numbness and tingling sensation. He has objective findings of reduced lumbar ROM (range of motion) and mildly decreased sensation at the L5 and S1 dermatomes on the left. There is documentation that this patient is continuing home exercise program and currently taking pain medications with some improvement, but several symptoms persistent with functional deficits. The guidelines recommend one-month trial period to monitor the functional improvement of the patient and hence the request is certified.

**The request for 12 Electrodes:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS(transcutaneous electrical nerve stimulation) Page(s): 114-117.

**Decision rationale:** As per the Chronic Pain Medical Treatment Guidelines, "a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach)." This patient was diagnosed with L4-S1 lumbar discopathy with intermittent radiculopathy. He is having chronic lower back pain radiating down the lower extremities associated with numbness and tingling sensation. He has objective findings of reduced lumbar ROM (range of motion) and mildly decreased sensation at the L5 and S1 dermatomes on the left. There is documentation that this patient is continuing home exercise program and currently taking pain medications with some improvement, but several symptoms persistent with functional deficits. The guidelines recommend one-month trial period to monitor the functional improvement of the patient and hence the request is certified.

**The request for 48 Adhesive Removers:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS(transcutaneous electrical nerve stimulation) Page(s): 114-117.

**Decision rationale:** As per the Chronic Pain Medical Treatment Guidelines, "a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach)." This patient was diagnosed with L4-S1 lumbar discopathy with intermittent radiculopathy. He is having chronic lower back pain radiating down the lower extremities associated with numbness and tingling sensation. He has objective findings of reduced lumbar ROM (range of motion) and mildly decreased sensation at the L5 and S1 dermatomes on the left. There is documentation that this patient is continuing home exercise program and currently taking pain medications with some improvement, but several symptoms persistent with functional deficits. The guidelines recommend one-month trial period to monitor the functional improvement of the patient and hence the request is certified.

**The request for 1 Leadwire:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS( transcutaneous electrical nerve stimulation) Page(s): 114-117.

**Decision rationale:** As per the Chronic Pain Medical Treatment Guidelines, "a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach)." This patient was diagnosed with L4-S1 lumbar discopathy with intermittent radiculopathy. He is having chronic lower back pain radiating down the lower extremities associated with numbness and tingling sensation. He has objective findings of reduced lumbar ROM (range of motion) and mildly decreased sensation at the L5 and S1 dermatomes on the left. There is documentation that this patient is continuing home exercise program and currently taking pain medications with some improvement, but several symptoms persistent with functional deficits. The guidelines recommend one-month trial period to monitor the functional improvement of the patient and hence the request is certified.