MAXIMUS Federal Services

| Case Number: | CM13-0041042 | | |
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| Date Assigned: | 12/20/2013 | Date of Injury: | 08/14/2009 |
| Decision Date: | 04/22/2014 | UR Denial Date: | 09/27/2013 |
| Priority: | Standard | Application Received: | 10/29/2013 |

## 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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 39-year-old male with date of injury of 08/14/2009. Per treater's report 08/26/2013, patient persistent with neck pain at 4/10, radiation to bilateral upper extremities; intermittent mid-back pain at 7/10; constant low back pain at 7/10 with radiation to bilateral lower extremities down to toes. Patient has concurrent anxiety, depression, stress, insomnia. Listed diagnoses are: 1. Status post lumbar fusion L5-S1 from 2010. 2. Mild degenerative changes with transitional hypertrophy of the facet joints. 3. MRI with well-preserved space centrally in the lateral recess. 4. Poor exercise tolerance with weight gain. 5. Depression, anxiety, stress, insomnia secondary to injury. 6. Thoracic spine musculoligamentous sprain/strain. 7. Hearing loss secondary to industrial noise exposure. 8. GERD secondary to medication usage. 9. Sexual dysfunction. Recommendation was pro-TENS unit along with electrodes for 3 months and batteries for 3 months.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTRODES 3 MONTHS SUPPLY A4556:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MEDICAL TREATMENT GUIDELINES, TRANSCUTANEOUS ELECTRICAL NERVE STIM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MEDICAL TREATMENT GUIDELINES, Transcutaneous electrotherapy Page(s): 114.

**Decision rationale:** This patient presents with chronic neck pain, low back pain with history of lumbar fusion L5-S1 from 2010. The treating physician has asked for electrodes, batteries, Protech Multi Stim Unit for 90-days rental. Protech Multi Stim Unit is an interferential unit. MTUS Guidelines regarding interferential units states that it is not recommended as an isolated intervention, but patient's selection criteria include pain that is ineffectively controlled with use of medication, history of substance abuse, significant pain from postoperative condition. If these criteria are met, then 1-month rental trial is recommended. In this patient, the patient is postoperative from shoulder surgery. Therefore, trial of interferential unit would be appropriate. However, MTUS Guidelines allow 1-month trial rather than 90 days as requested. Electrodes for 3 months and batteries for 3 months would not be indicated either since the interferential unit is not recommended. Recommendation is for denial.

**BATTERIES 3 MONTHS SUPPLY A4630:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MEDICAL TREATMENT GUIDELINES, TRANSCUTANEOUS ELECTRICAL NERVE STIM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MEDICAL TREATMENT GUIDELINES, Transcutaneous electrotherapy Page(s): 114.

**Decision rationale:** This patient presents with chronic neck pain, low back pain with history of lumbar fusion L5-S1 from 2010. The treating physician has asked for electrodes, batteries, Protech Multi Stim Unit for 90-days rental. Protech Multi Stim Unit is an interferential unit. MTUS Guidelines regarding interferential units states that it is not recommended as an isolated intervention, but patient's selection criteria include pain that is ineffectively controlled with use of medication, history of substance abuse, significant pain from postoperative condition. If these criteria are met, then 1-month rental trial is recommended. In this patient, the patient is postoperative from shoulder surgery. Therefore, trial of interferential unit would be appropriate. However, MTUS Guidelines allow 1-month trial rather than 90 days as requested. Electrodes for 3 months and batteries for 3 months would not be indicated either since the interferential unit is not recommended. Recommendation is for denial.

**PRO TECH MULTI STIM UNIT 90 DAYS RENTAL E1399:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MEDICAL TREATMENT GUIDELINES, TRANSCUTANEOUS ELECTRICAL NERVE STIM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MEDICAL TREATMENT GUIDELINES, Transcutaneous electrotherapy Page(s): 114.

**Decision rationale:** This patient presents with chronic neck pain, low back pain with history of lumbar fusion L5-S1 from 2010. The treating physician has asked for electrodes, batteries, Protech Multi Stim Unit for 90-days rental. Protech Multi Stim Unit is an interferential unit. MTUS Guidelines regarding interferential units states that it is not recommended as an isolated intervention, but patient's selection criteria include pain that is ineffectively controlled with use of medication, history of substance abuse, significant pain from postoperative condition. If these criteria are met, then 1-month rental trial is recommended. In this patient, the patient is postoperative from shoulder surgery. Therefore, trial of interferential unit would be appropriate. However, MTUS Guidelines allow 1-month trial rather than 90 days as requested. Electrodes for 3 months and batteries for 3 months would not be indicated either since the interferential unit is not recommended. Recommendation is for denial.