

<b>Case Number:</b>	CM13-0042641		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/04/2011
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Orthopedic Surgery, 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 injured worker is a 45-year-old female who was reportedly injured on October 8, 2012. The mechanism of injury was not listed in these records reviewed. The only progress note dated October 21, 2013, was difficult to read and indicated that there were ongoing complaints of low back pain with numbness and tingling in the bilateral lower extremities and difficulty sleeping. Current medications included Norco, Anaprox and Zanaflex. The physical examination demonstrated tenderness of the lumbar spine and a positive straight leg raise on the right greater than left side. Examination of the right knee noted tenderness at the medial and lateral joint line, crepitus, guarding, and a positive McMurray's test. The treatment plan included a recommendation for lumbar epidural steroid injections and refill of existing medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: 16 electrodes per pair; 8/30/2013:** 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 MTUS Chronic Pain Page(s): 114-115.

**Decision rationale:** It is assumed that this request for 16 electrodes per pair is associated with the use of a transcutaneous electrical nerve stimulation (TENS) unit. The medical record did not indicate that there was the use of a TENS unit nor did it address the efficacy of medications or any other prior treatment. For these reasons, this request for 16 electrodes per pair is not medically necessary.

**Retro: 32 adhesive remover wipes; 8/30/2013:** 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 MTUS Chronic Pain Page(s): 114-115.

**Decision rationale:** It is assumed that this request for 32 adhesive remover wipes was associated with the use of a transcutaneous electrical nerve stimulation (TENS) unit. The attached medical record did not indicate that there was the use of a TENS unit nor did it address the efficacy of medications or any other prior treatment. For these reasons, this request for 32 adhesive remover wipes is not medically necessary.

**Retro: 24 replacement batteries; 8/30/2013:** 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 MTUS Chronic Pain Page(s): 114-115.

**Decision rationale:** It is assumed that this request for 24 replacement batteries was associated with the use of a transcutaneous electrical nerve stimulation (TENS) unit. The medical record did not indicate that there was the use of a TENS unit nor did it address the efficacy of medications or any other prior treatment. For these reasons, this request for 24 replacement batteries is not medically necessary.