

<b>Case Number:</b>	CM13-0045809		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/05/2013
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	09/26/2013
<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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 43-year-old female who reported an injury on 09/05/2013. The injured worker stated that while lifting a tray of food, she felt pain radiate into her right lower extremity. The injured worker stated the pain was 3/10 at rest and up to 8/10 when bending and doing heavy lifting. The injured worker had complaints of back pain shooting to the right leg and weakness with weight-bearing of the left leg. The physical examination dated 09/09/2013 revealed tenderness to palpation of the lumbosacral spine. The lumbar range of motion of flexion was to 60 degrees, extension was to 30 degrees, right lateral bending was to 20 degrees, left lateral bending was to 20 degrees, right rotation was to 20 degrees, and left rotation was to 20 degrees. The straight leg raising while sitting was negative on the left and positive on the right at 60 degrees. The diagnoses for the injured worker were radiculitis/neuritis, lumbar active, strain, and lumbosacral active. The treatment plan was for medication to be adjusted for pain relief and an NSAID was added. Physical therapy was to be started. No prior treatments were submitted for review. Also, a request for DME, electrodes was submitted. The rationale and Request for Authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME; ELECTRODES:** 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 Transcutaneous Electrotherapy Page(s): 114.

**Decision rationale:** The request for durable medical equipment (electrodes) is not medically necessary. The request does not state what the electrodes are for. Physical examination on 09/16/2013 requested TENS unit as part of physical therapy. The California Medical Treatment Utilization Schedule states not recommended as a primary treatment modality, but a one-month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration. The request submitted does not state what type of unit they are to be used for; will it be used at home or with physical therapy. Therefore, the request is not medically necessary.