

Case Number:	CM13-0052155		
Date Assigned:	12/27/2013	Date of Injury:	08/01/2011
Decision Date:	05/22/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/15/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine 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:

██████████ is a 58 year old man who sustained a work related injury on August 01 2011. Subsequently, he developed chronic low back pain radiating to both legs with numbness, associated with prolonged sitting, standing and walking. He also complains of right knee. On February 4, 2013, the patient underwent his second diagnostic lumbar epidural steroid injection with some benefit. His physical examination was unremarkable. He was diagnosed with Lumber musculoligamentous injury, Lumber radiculopathy, and Right knee meniscus tear. The provider requested authorization for electrodes and batteries.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIFTY (50) ELECTRODES PER PAIR BETWEEN 10-1-13 AND 10-1-2013: 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 Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: request cannot be certified without information about the efficacy of previous use of TENS. The request for fifty (50) electrodes is not medically necessary.

TWELVE (12) REPLACEMENT BATTERIES BETWEEN 10-1-13 AND 10-1-2013:

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 Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: This request cannot be certified without information about the efficacy of previous use of TENS. The request for twelve (12) replacement batteries is not medically necessary.

TWO (2) LEAD WIRES PER PAIR BETWEEN 10-1-13 AND 10-1-2013: 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 Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: This request cannot be certified without information about the efficacy of previous use of tens. the request for two (2) lead wires per pair is not medically necessary.