

<b>Case Number:</b>	CM13-0062102		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Family 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:

This injured worker's date of injury is 08/14/2013. This patient receives treatment for chronic low back pain and left knee and shoulder pain. The original injury was the result of a fall. The patient has been treated with physical therapy. The patient received ibuprofen and Soma for pain. Lumbar spine s-rays show scoliosis and some spondylolisthesis. MRI of the lumbar spine show degenerative disc disease at L5-S1. Other diagnoses include: right knee meniscus tear and left shoulder impingement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EPS (ELECTRICAL PULSE STIMULATION) 3 TIMES A WEEK FOR 2 WEEKS QTY: 6.00:** 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 TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** This request is for EPS; however, there is no anatomic location specified. Based on the documentation, the request for EPS is not medically indicated.