

<b>Case Number:</b>	CM14-0015059		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	06/11/2012
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 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:

The patient is a 55 year old male who was injured on 06/11/2012 while he was lining a barrel on a molding machine. Prior treatment history has included the patient undergoing a laminectomy with complete foraminotomy left side L5-S1 and discectomy with interbody fusion L5-S1 on 05/16/2013. The patient's medications include OxyContin, Lyrica 100 mg tid, Lasix 20 mg with potassium 20 mEq once a day. He does use a TENS unit. Diagnostic studies reviewed include an EMG/NCV study of both lower extremities. The nerve conduction was suggestive of left L5-S1 polyradiculopathy and a right S1 polyradiculopathy. A progress note dated 01/23/2014 documented the patient with complaints of continuing back pain. He has actually been taking higher amounts of OxyContin than what is prescribed. There is no VAS on this visit documented. Objective findings one examination reveals the patient is able to sit comfortably. He presents with a four poster cane which he uses in the room. He has a lot of difficulty arising from the sitting to standing position. He relies heavily on the armrests for support. His low back wound is well healed. He does have persistent exquisite tenderness to either side of midline in the area of his surgery. Assessment: Persistent low back pain with bilateral lower extremity neuropathy and bilateral lower extremity edema persisting. A UR report dated 02/03/2014 denied the request for Pro-Tech Multi Slim Unit 30 Day Trial with 3 Months Supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: PRO-TECH MULTI STIM UNIT 30 DAY TRIAL WITH 3 MONTHS SUPPLIES, INCLUDING ELECTRODES AND BATTERIES, FOR THE LOW BACK: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CA MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, neuromuscular electrical stimulation devices are not recommended for chronic pain, 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 for neuropathic pain, like diabetic neuropathy and post-herpetic neuralgia, CRPS, phantom limb pain, spasticity, and multiple sclerosis. Since the medical records do not have any of these diagnoses, the medical necessity is not established. The request is not medically necessary and appropriate.