

<b>Case Number:</b>	CM14-0169343		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	10/01/2009
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine, 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 51 years old male with an injury date on 10/01/2009. Based on the 07/08/2014 progress report provided by [REDACTED], the diagnoses are: 1. Lumbar spine disc bulge 2. Right elbow strain 3. Right carpal tunnel syndrome 4. Left hip strain 5. Prior bilateral knee surgery 6. Status post left knee surgery According to this report, the patient complains of pain in the lower back, right elbow, right wrist/hand, left hip, right knee, and left knee. Patient has a "lumbar epidural injection reduced pain by 55%." Physical exam reveals decreased sensation to light touch at the right mid anterior thigh and right mid lateral calf. There were no other significant findings noted on this report. The utilization review denied the request on 09/19/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 07/08/2014 to 07/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a Prime Dual- TENS/EMS Unit DOS: 7/8/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices)Microcurrent electrical stimulation (MENS d.

**Decision rationale:** According to the 07/08/2014 report by [REDACTED] this patient presents with pain in the lower back, right elbow, right wrist/hand, left hip, right knee, and left knee. The treater is requesting a purchase for a prime dual TEN / EMS unit DOS: 07/08/2014. The MTUS guidelines do not support the use of E-stim, or NMES except for stroke rehab. This patient presents with chronic low back pain. Recommendation is for denial.

**2 month supplies electrodes, batteries, lead wires:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices)Microcurrent electrical stimulation (MENS d.

**Decision rationale:** According to the 07/08/2014 report by [REDACTED] this patient presents with pain in the lower back, right elbow, right wrist/hand, left hip, right knee, and left knee. The treater is requesting two months supplies electrodes, batteries, lead wires. The MTUS guidelines do not support the use of E-stim, or NMES except for stroke rehab. This patient presents with chronic low back pain. The requested prime dual TEN / EMS was not recommended, therefore the request for supplies is not supported. Recommendation is for denial.