

<b>Case Number:</b>	CM14-0025022		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	06/16/2010
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 and is licensed to practice in Texas. 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 62 year old male who reported an injury on 06/16/2010 to lower back. The injured worker had a history of low back pain that appeared as sharp, stabbing, throbbing that was moderate to severe in intensity and worse now than prior to surgery. The injured worker reported having numbness, tingling and weakness throughout left buttock, increased low back and left leg, numbness and tingling in and around the groin region and unable to achieve an erection. The injured worker has a cane for ambulation and wears a hard back brace. Upon examination on 12/11/2013, the injured worker moved slowly and cautiously with the aid of a single point cane for ambulation favoring the left lower extremity. The range of motion was deferred. Examination on 01/22/2014 revealed continued symptoms. The injured worker had a diagnosis of status post L4-L5, L5-S1 interbody lumbar fusion 09/24/2013, persistent low back pain and complaints of increased lower extremity radiculopathy with erectile issues. The treatment plan is for retro MEDS4 electrodes DOS 12/14/13 and retro rental MEDS4 DOS 12/14/13-02/04/14. The request for authorization form was not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO MEDS4 ELECTRODES DOS 12/14/13:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that the use of Neuromuscular electrical stimulation (NMES devices) is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. The injured worker was being seen for chronic back pain. There is no justification to establish medical necessity for requested device. There is no clinical condition that would correspond with the use of said device. As such, the request is not medically necessary and appropriate.

**RETRO RENTAL MEDS4 DOS 12/14/13-02/04/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that the use of Neuromuscular electrical stimulation (NMES devices) is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. The injured worker was being seen for chronic back pain. There is no justification to establish medical necessity for requested device. There is no clinical condition that would correspond with the use of said device. As such, the request is not medically necessary and appropriate.