

<b>Case Number:</b>	CM14-0026438		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	06/14/2005
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Pain Management 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 is a patient with a date of injury of 6/14/05. A utilization review determination dated 1/29/14 recommends non-certification of a pack of electrodes. 1/2/04 medical report identifies low back and left sciatica pain with pain and numbness radiating to the toes. On exam, there is paravertebral muscle spasms bilaterally with tenderness over the lumbar spine, decreased ROM, positive SLR bilaterally, weakness of the left EHL and quadriceps, and diminished sensation in the left posterolateral thigh and calf. Recommendations included LESI, trigger point injections, PT, and a spinal cord stimulator, as well as medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **URGENT 2 X 2 ELECTRODES PACK QUANTITY 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121 of 127.

**Decision rationale:** Regarding the request for Urgent 2 X 2 Electrodes Pack Quantity 12, Chronic Pain Medical Treatment Guidelines do support the use of some types of electrical stimulation devices, with ongoing use requiring documentation of efficacy such as

via decreased pain scores, functional improvement, and/or decreased use of pain medication. Within the documentation available for review, the type of device for which the electrodes are intended is not documented and there is no clear indication of efficacy from prior use of the device/electrodes. In the absence of such documentation, the currently requested Urgent 2 X 2 Electrodes Pack Quantity 12 is not medically necessary.