

<b>Case Number:</b>	CM14-0037349		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	12/24/2013
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Anesthesiology, has a subspecialty in Acupuncture & Pain 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:

Claimant is a 25 year old male who sustained an injury on 12/24/13 with related buttock pain. The injury involved a slip and fall and involved the injured worker sustaining buttock lacerations due to falling on broken dishes. The wound was closed, but the injured worker then developed fever, chills and the wound was found to have been infected and to involve the rectum. Treatment included urgent I & D, rectal laceration treatment and a loop sigmoid colostomy. He was discharged 1/4/2014. Per 1/8/14 progress report, he reported increased pain in his left buttock up to 8/10 in intensity. He complained of sharp pain and swelling of his buttocks. The documentation submitted for review do not state that physical therapy was utilized. Thoracic MRI dated 3/17/14 revealed non-acute compression fractures at T7 and T8; 2.8mm disc protrusion with posterior annular tear at T8-T0; 2.8mm disc protrusion at T9-T10. Lumbar MRI dated 3/17/14 revealed a 2.9mm disc protrusion at L4-L5 and a 2.9mm disc protrusion at L5-S1. Treatment to date has included medication management. The date of UR decision was 3/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ART MEDS 3 NEUROSTIMULATOR UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Transcutaneous Electrotherapy Page(s): 114-116.

**Decision rationale:** Per California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines with regard to transcutaneous electrotherapy:

"Electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. The earliest devices were referred to as TENS (transcutaneous electrical nerve stimulation) and are the most commonly used. It should be noted that there is not one fixed electrical specification that is standard for TENS; rather there are several electrical specifications. Other devices (such as H-wave stimulation (devices), Interferential Current Stimulation, Microcurrent electrical stimulation (MENS devices), RS-4i sequential stimulator, Electroceutical Therapy (bioelectric nerve block), Neuromuscular electrical stimulation (NMES devices), Sympathetic therapy, Dynatron STS) have been designed and are distinguished from TENS based on their electrical specifications to be discussed in detail below." The documentation submitted for review does not specify what modalities are used by this particular neurostimulator unit. The documentation contains no indication for this specialty unit, or evidence of successful trial of this unit that would warrant certification of a unit for home use. The request is not medically necessary.