

<b>Case Number:</b>	CM14-0042634		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	11/01/2013
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 Nevada. 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 records, presented for review, indicate that this 52-year-old male was reportedly injured on November 1, 2013. The mechanism of injury was noted as cleaning and stable. The most recent progress note, dated March 28, 2014, indicated that there were ongoing complaints of low back pain, as well as neck pain, right shoulder pain, and bilateral foot pain. The physical examination demonstrated tenderness of the lumbar paraspinal muscles with moderate spasms. The remainder of this note was difficult to read. A request was made for the use of an inferential stimulation unit and was not certified in the pre-authorization process on March 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable Medical Equipment Inferential Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 118-120.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, the use of an inferential current stimulation unit is not recommended as an isolated intervention. There was no qualitative evidence of effectiveness except in conjunction with recommended

treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Furthermore, the use of this unit is not recommended unless pain is ineffectively controlled with oral medications or the injured employee has been found to be unresponsive with other conservative measures. There was no documentation of these issues in the attached medical record. This request for a durable medical equipment inferential unit is not medically necessary.