

<b>Case Number:</b>	CM13-0005019		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	10/26/2009
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	07/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 52 year old male who sustained an industrial injury on October 26, 2009. He has reported injury to the lumbar spine and has been diagnosed with lumbar discopathy/radiculitis left lower extremity. Treatment has included injection, home exercises, medications, and an electrical stimulation unit. Currently the injured worker complained of tenderness in the paravertebral muscles. The treatment plan included a Stim 4 muscle stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE OF STIM 4 UNIT, FOR LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-120.

**Decision rationale:** According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple

sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. Neuromuscular stimulation (NMES) is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. In this case, the claimant did not have the above diagnoses. Long-term use is not substantiated or indicated for chronic back pain and the purchase of a STIM 4 unit is not medically necessary.