

<b>Case Number:</b>	CM14-0203577		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	06/04/2002
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Rehabilitation 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:

The patient is a 66 year old female with an injury date of 06/04/2002. The injury resulted from an industrial injury from constant lifting, carrying and bending while caring for a disabled student. The patient has complaints of low back pain and bilateral wrist and hand pain. Lumbar range of motion is 10 degrees extension and 10 degrees side bending, normal back posture, paraspinal spasms, positive right lumbar facet maneuver, negative SI joint stress test and straight leg raise test causes back pain at 60 degree on the right. The patient has been diagnosed with lumbosacral spondylosis without myelopathy, S1 region sprain, De Quervain's Disease and bilateral thumb osteoarthritis. Treatments have included x-rays, MRI, EMG/NCV, back brace, medications both oral and topical, balance and yoga classes, physical therapy, acupuncture and use of a TENS (Transcutaneous Electrical Nerve Stimulation). Utilization Review dated 11/24/2014 denied the requested purchase of RS4i Stimulator, as there was no evidence of a successful one month trail submitted; therefore the medical necessity has not been established. Chronic Pain Medical Treatment Guidelines were utilized in the decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Purchase of RS4i stimulator: 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  
Transcutaneous Electrotherapy Page(s): 115-118.

**Decision rationale:** The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits. In addition, it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, however, there are no documented failed trial of TENS unit or functional improvement, such as increased activities of daily livings (ADLs), decreased medication dosage, increased pain relief or improved work status derived from any transcutaneous electrotherapy to warrant the use for this 2002 injury. The patient had previous TENS trial without any identified functional benefit, per submitted reports, to warrant the purchase of this interferential unit. Therefore, this request is not medically necessary.