

<b>Case Number:</b>	CM15-0199725		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	02/17/2006
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56-year-old male, who sustained an industrial injury on 02-17-2006. He has reported injury to the low back. The diagnoses have included status post posterior lumbar revision interlaminar laminotomy at L3-L4, on 10-23-2014, with residuals; lumbar spine myofascial pain syndrome; L3-L4, 8-mm left lateral disc protrusion with severe neural foraminal stenosis; and left lower extremity radiculopathy at L3-L4. Treatment to date has included medications, diagnostics, activity modification, interferential unit, aquatic therapy, physical therapy, and surgical intervention. Medications have included Norco, Ultracet, Neurontin, Zanaflex, and Omeprazole. A progress note from the treating physician, dated 08-11-2015, documented a follow-up visit with the injured worker. The injured worker reported severe postoperative low back pain, rated at 8 out of 10 in intensity; the back pain radiates to the left lower extremity, with associated burning sensation to the left buttock; constant mild right wrist and hand pain, rated at 3 out of 10 in intensity, with associated numbness and tingling sensation; and he reports anxiety, depression, stress, and insomnia. Objective findings included his gait is slow and guarded favoring the left lower extremity; limited range of motion of the lumbar spine; straight leg raise is positive on the left side; and mild weakness and sensory deficit is noted in the left lower extremity. The treatment plan has included the request for batteries, electrodes, and lead wires, purchase of 3 months supply. The original utilization review, dated 09-17-2015, non-certified the request for batteries, electrodes, and lead wires, purchase of 3 months supply.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Batteries, electrodes and lead wires, purchase of 3 months supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The claimant sustained a work injury in February 2006, underwent lumbar surgeries in May 2007, January 2008, February 2012, September 2013, and October 2014, and is being treated for chronic low back pain with left lower extremity radiating symptoms, mild wrist and hand pain, and secondary stress, anxiety, depression, and insomnia. When seen, there was a body mass index of nearly 26. There was limited lumbar range of motion with decreased left lower extremity strength and sensation and positive left straight leg raising. Recommendations included replacement supplies for the claimant's interferential stimulation unit. In terms of the electrodes, there are many factors that can influence how long they last such as how often and for how long they are used. Cleaning after use and allowing 24 hours for drying is recommended with rotation of two sets of electrodes. Properly cared for, these electrodes should last from 1-3 months at a minimum. In this case, the claimant already uses interferential stimulation and the fact the electrodes need to be replaced is consistent with its continued use and efficacy. However, the quantity being requested is not specified. Replacement of the lead wires would not be needed unless they were malfunctioning. The request cannot be accepted as being medically necessary.