

<b>Case Number:</b>	CM15-0215666		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	12/12/2011
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 59-year-old male injured worker suffered an industrial injury on 12-12-2011. The diagnoses included cervical, thoracic and lumbar spine sprain-strain and right knee sprain and strain. On 3-19-2013, the provider reported neck pain and back pain that radiated to the bilateral lower extremities but not at the moment of that visit. He described the pain as constant with numbness and weakness rated 8 out of 10 in the legs. The documentation provided was over 2 years old and did not include any treatment that included the need for electrodes or batteries. Request for Authorization date was 9-18-2015. Utilization Review on 10-8-2015 determined non-certification for Purchase of electrodes (10 packs) and Purchase of batteries (10).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of electrodes (10 packs): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 4 Work-Relatedness, page 65.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

**Decision rationale:** This 59 year old male has complained of neck pain and low back pain since date of injury 12/12/2011. He has been treated with physical therapy and medications. The current request is for purchase of electrodes (10 packs). The available medical records do not contain documentation of any subjective or objective findings to support the necessity of electrodes. Additionally, there is no documentation of the type of electrical stimulation unit used by the patient or documentation to support the necessity of use of electrical stimulation in this patient. Based on the available medical records and per the guidelines cited above, the request for electrodes (10 packs) is not indicated as medically necessary.

**Purchase of batteries (10): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 4 Work-Relatedness, page 65.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

**Decision rationale:** This 59 year old male has complained of neck pain and low back pain since date of injury 12/12/2011. He has been treated with physical therapy and medications. The current request is for purchase of batteries (10). The available medical records do not contain documentation of any subjective or objective findings to support the necessity of batteries. Additionally, there is no documentation of the type of electrical stimulation unit used by the patient or documentation to support the necessity of use of electrical stimulation in this patient. Based on the available medical records and per the guidelines cited above, the request for batteries (10) is not indicated as medically necessary.