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|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0115697 |                              |            |
| <b>Date Assigned:</b> | 08/04/2014   | <b>Date of Injury:</b>       | 08/15/2012 |
| <b>Decision Date:</b> | 09/29/2014   | <b>UR Denial Date:</b>       | 07/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/23/2014 |

### 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 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 underlying date of injury in this case is 08/15/2012. The date of the utilization review under appeal is 07/09/2014. The patient's diagnosis is right hand pain status post surgery; there is limited information available at this time in the records which have been provided, and the underlying diagnosis is not clear. The medical records provided in part are mixed with records from a different patient, and thus it is not clear if the complete set of records for this patient has been included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **2 Months Supples Electrodes, Batteries, Lead Wires for TENS/EMS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12 9 Low Back Complaints; Physical Treatment Methods. Decision based on Non-MTUS Citation ODG: Low Back Chapter; Pain Chapter; TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on TENS, page 114, state a one-month home-based TENS trial may be considered as a noninvasive option as part of an overall functional restoration program

for neuropathic pain. Given the limited medical records available, it is not possible to confirm that this patient experienced functional restoration from prior TENS use. At this time the guidelines have not been met. This request is not medically necessary.