

<b>Case Number:</b>	CM15-0019262		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	08/30/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 37 year old male, who sustained an industrial injury on 08/30/2013. He has reported pain in the low back and right foot/ankle. The diagnoses have included fracture of right calcaneus; tendinitis, bursitis, capsulitis of the right foot; and lumbar disc displacement without myelopathy. Treatments have included medications and acupuncture. Currently, the IW complains of constant slight to moderate aching pain in the lumbar spine, which is aggravated by prolonged walking; and constant moderate to severe throbbing pain in the right ankle and foot, which is aggravated by walking and standing. A progress note from the treating physician, dated 12/10/2014, reported objective findings to include tenderness and +2 spasm to the bilateral lumbar paraspinal muscles from L1 to L4; restricted and painful range of motion of the lumbar spine; tenderness and +3 spasm to the right anterior heel, right lateral malleolus, and plantar fascia; and restricted and painful range of motion to the right ankle. The treatment plan included two topical compound medications; a program of acupuncture for 6 visits; lumbosacral orthosis; and one month rental for multi-interferential stimulator. On 01/29/2015 Utilization Review noncertified a prescription for Home based trial of Neurostimulator TENS-EMS rental for one month. The CA MTUS was cited. On 02/02/2015, the injured worker submitted an application for Home based trial of Neurostimulator TENS-EMS rental for one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home based trial of Neurostimulator TENS-EMS rental for one month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transectaneous Electrical Nerve Stimulation (TENS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

**Decision rationale:** According to the 12/10/2014 report, this patient presents with constant slight to moderate low back pain and constant moderate to severe tight ankle pain. The current request is for Home based trial of Neurostimulator TENS-EMS rental for one month. The request for authorization is not provided for review. The patient's work status is "temporarily totally disabled until 02/10/2015." The MTUS page 121 does not support neuromuscular stimulator (NMES) except for stroke rehabilitation. This patient presents with low back and ankle pain for which this unit is not indicated. The request IS NOT medically necessary.