

Case Number:	CM13-0002289		
Date Assigned:	07/24/2013	Date of Injury:	03/08/2010
Decision Date:	01/02/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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.

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 03/08/2010. The reference diagnosis is brachial neuritis. Additional treating diagnoses include carpal tunnel syndrome and lumbosacral radiculitis. The patient initially has a history of an L2 compression fracture with multiple disc bulges. The patient has reported ongoing bilateral lumbar radicular pain with tenderness in the cervical and lumbar spine and related restricted range of motion and spasm and some degree sensation in the S1 dermatomes bilaterally. A prior physician reviewer noted that an X-force stimulator is a proprietary device involving both transcutaneous electrical joint stimulation and transcutaneous electrical nerve stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a X-force Stimulator for bilateral wrist, cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

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

Decision rationale: Manufacturing information regarding this device indicates that it is a proprietary device with components of transcutaneous electrical joint stimulation and transcutaneous electrical nerve stimulation. It is not possible to apply a guideline to a device which is proprietary in nature given that the mechanism of its action is unknown. That said, the

Medical Treatment Utilization Schedule does not support multi-modality units but rather discusses individual treatment modalities. The Chronic Pain Medical Treatment Guidelines Section on TENS, page 114, states TENS is "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration" for various forms of neuropathic pain. The medical records at this time do not document a prior TENS trial or functional goals which would benefit from such a trial. For this additional reason, the current request for purchase of an X-force stimulator is not supported by the guidelines. This request is not medically necessary.