

Case Number:	CM13-0051798		
Date Assigned:	12/27/2013	Date of Injury:	03/03/2008
Decision Date:	03/18/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/15/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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. 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 patient is a 52-year-old male who reported an injury on 03/03/2008. The mechanism of injury was not provided. The patient's diagnosis was noted to be displacement of a cervical intervertebral disc without myelopathy. The patient was noted to have continuing ongoing low back pain. The patient was noted to have bilateral lower extremity radiating symptoms and the patient indicated they had developed instability and balance issues. The physical examination of the lumbar spine revealed spasm in the paralumbar musculature. The patient was noted to have a sciatic stretch test that was positive bilaterally and the patient was noted to ambulate with an antalgic gait secondary to pain with the assistance of a cane. There was noted to be severely limited range of motion and decreased sensation at L5 and S1 dermatomes bilaterally. There was noted to be weakness. The request as submitted was noted to be for an X Force stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-force Stimulator unit, 3 month supplies and two conductive garments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Section Page(s): 115-116.

Decision rationale: The California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. There must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried and have failed. The clinical documentation submitted for review failed to support the use of a TENS unit. There was lack of documentation indicating the patient had trialed and failed other appropriate pain modalities. As such, the request for x-force stimulator unit, 3 months supplies, and two conductive garments is not medically necessary.