

Case Number:	CM13-0051907		
Date Assigned:	12/27/2013	Date of Injury:	07/31/2013
Decision Date:	02/20/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine, 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. 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:

This is a 35 year-old female who reported lower back pain on 7/31/13 from repetitive lifting products weighing about 30 lbs. He has been diagnosed with lumbar strain/sprain; unstable spondylolisthesis L5/S1 with bilateral spondylolysis, r/o herniated disc at L5/S1, L4/5 with radiculitis right greater than left. The 9/12/13 initial report from [REDACTED] states the patient had prior treatment consisting of x-rays, activity modification, PT 3x/wk and ibuprofen. [REDACTED] requested lumbar MRI, EMG/NCV BLE, the X-force stimulator, an LSO brace, additional PT, Anaprox 550mg, Prilosec and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: X Force Stim unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

Decision rationale: According to the vendor, X-Force Stimulator is a dual modality unit with TEJS and TENS. MTUS does not discuss TEJS, but does have criteria for TENS. The first item

under MTUS guidelines for use of TENS is: "Documentation of pain of at least three months duration" According to 9/12/13 report from [REDACTED], the date of injury is 7/31/13. The pain has not been present for 3-months. The request is not in accordance with MTUS guidelines.