

Case Number:	CM13-0058770		
Date Assigned:	01/15/2014	Date of Injury:	11/18/2002
Decision Date:	05/07/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	11/27/2013

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 Occupational Medicine 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 patient is an employee of the [REDACTED] and has submitted a claim for lumbar sprain and strain associated with an industrial injury date of November 18, 2002. Utilization review from November 22, 2013 denied the request for X-force stimulator rental. Reasons for denial were not available. Treatment to date has included lumbar fusion, physical therapy, and pain medications. Medical records from 2013 were reviewed showing the patient complaining of chronic low back pain rated at 6/10 on the pain scale. The patient is status post lumbar fusion and experiences occasional radiculopathy to the lower extremities. Physical therapy is noted to be helpful. On examination, there is minimal tenderness over the paraspinal muscles. Range of motion for the lumbar spine was noted to be decreased. There is noted minimal hypesthesia over the mid dorsum of the right foot. There is slight weakness of the right great toe extensor and the right anterior tibialis. Deep tendon reflexes for the bilateral knees were noted to be 3+.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-force stim rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

Decision rationale: The X Force stimulator is noted to be a TENS unit as well as a transcutaneous electrical joint stimulation unit. As stated on pages 114-116 of the California MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as the primary treatment modality but a one-month trial may be considered if used as an adjunct to a program of evidence-based functional restoration given that conservative treatment methods have failed and that a specific treatment plan with short and long term goals has been established. The California MTUS, the Official Disability Guidelines, and peer-reviewed literature do not address transcutaneous electrical joint stimulation. In this case, the patient complains of chronic low back pain. However, there is no discussion concerning the need for a combination TENS unit with TEJS. It is unclear whether the patient has tried and failed conservative treatment; there were no progress notes pertaining to physical therapy. There was no treatment plans concerning this request would regard to her short-term and long-term goals. The use of transcutaneous electrical joint stimulation was not discussed in any of the progress notes and the indication is not clear.