

<b>Case Number:</b>	CM13-0065265		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/05/2012
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 1/5/12. A utilization review determination dated 11/21/13 recommends non-certification of an X-Force unit. 11/8/13 medical report identifies right shoulder aching and sharp pain, lumbar spine pain going down right leg. On exam, there is lumbar spine tenderness with spasm and pain and limited ROM.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 X-FORCE 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-117. Decision based on Non-MTUS Citation [http://www.aetna.com/cpb/medical/data/1\\_99/0011.html](http://www.aetna.com/cpb/medical/data/1_99/0011.html), [http://www.anthem.com/ca/medicalpolicies/policies/mp\\_pw\\_a049569.htm](http://www.anthem.com/ca/medicalpolicies/policies/mp_pw_a049569.htm).

**Decision rationale:** Regarding the request for an X-Force unit, it is noted to combine the modalities of TENS and TEJS. Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial as noted above with significant pain relief, functional improvement, and decreased medication use noted. Furthermore, there is no consistent evidence-based support for the use of TEJS in the management of the patient's cited injuries. In the absence of clarity regarding those issues, the currently requested X-Force unit is not medically necessary.