

<b>Case Number:</b>	CM14-0003661		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	08/29/2011
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 and 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 46-year-old man with a date of injury of 8/29/11. Mechanism of injury to the low back was boxes falling on top of the patient as a co-worker was attempting to move them at [REDACTED]. The patient had conservative care, including PT, medications and modified activity. MRI was done and showed disc injury. The patient has symptoms affecting the lumbar spine, cervical spine, thoracic spine, left upper extremity and bilateral lower extremities. He was diagnosed with a lumbar sprain, disc bulges, and osteophytosis. The patient was declared P & S on 3/22/14 by an orthopedic panel QME. That opinion was disputed by the patient and the patient received further evaluation and treatment by orthopedic specialists. A device called an X-Force Stimulation unit (Transcutaneous Electrical Joint Stimulation) was ordered in September of 2013. A "garment" was ordered to use with the device. This is an optional supply, and not required for use. This was submitted to Utilization Review on 11/07/13, and the device and garment were not recommended. The X-Force was reviewed again on 12/20/13, and it appears that the device was approved, but not the garment. Documentation of the peer-to-peer discussion notes that the requesting provider agreed that the garment was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Conductive garment X2, lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy (TENS).

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

**Decision rationale:** Guidelines do not discuss Transcutaneous Electrical Joint Stimulation, only TENS. However, this review is not with regards to the electrical stimulation device, because this device, the X-Force, was certified in Utilization Review. The device is not supported by the literature and was initially denied. However, on appeal, a peer-to-peer discussion was conducted, and the reviewing physician agreed to a trial of the device. The requesting physician agreed that the garment was not necessary. With regards to "garments", the CA MTUS states that this would only be considered necessary when there is such a large area, that a conventional system cannot accommodate the treatment. In this case, the device can be used with standard electrodes applied to the body part to be treated, the lumbar spine. There is no medical necessity for a conductive garment x 2 for the lumbar spine.