

<b>Case Number:</b>	CM14-0124146		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	03/30/2014
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 & Rehabilitation and Pain Management, 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 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 a 46 year old with an injury date on 3/30/14. Patient complains of continuous cervical pain, bilateral shoulder pain, bilateral wrist/hand pain, lumbar pain, and bilateral leg pain per 6/17/14 report. Her pain is described as radiating, continuous, and present 100% of the time per 6/17/14 report. Patient also has frequent moderate headaches and diarrhea per 6/17/14 report. Based on the 6/17/14 progress report provided by [REDACTED] the diagnoses are: 1. cervical s/s, rule out herniated nucleus pulposus 2. Bilateral upper extremity radiculopathy and paresthesias. 3. Bilateral shoulder s/s, rule out internal derangement. 4. Lumbar spine s/s, rule out herniated nucleus pulposus. 5. Bilateral lower extremity radiculopathy with paresthesia. 6. Headaches. 7. Bilateral wrist s/s, rule out carpal tunnel syndrome. 8. Thoracic spine s/s. Exam on 6/17/14 showed "C-spine range of motion severely diminished especially extension 10/60 degrees. Shoulder range of motion severely diminished especially right shoulder flexion/abduction reduced 50%, and left shoulder flexion/abduction reduced to 80/180 degrees. L-spine range of motion severely reduced especially extension at 5/25 degrees." [REDACTED] is requesting DME X-force stimulator with conductive garments x2 (purchase) and three (3) month rental of supplies. The utilization review determination being challenged is dated 6/30/14. [REDACTED] is the requesting provider, and he provided treatment reports from 4/1/14 to 6/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of X-Force Stimulator with Conductive Garments x 2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

**Decision rationale:** This patient presents with neck pain, bilateral shoulder pain, bilateral wrist/hand pain, back pain, and bilateral leg pain. The treater has asked for DME X-force stimulator with conductive garments x2 (purchase) on 6/17/14. Review of records show patient has not used a TENS (Transcutaneous Electric Nerve Stimulation) or interferential unit. The X-force stimulator is a combination TENS and interferential unit. Regarding TENS units, MTUS guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS (Complex Regional Pain Syndrome), spasticity, phantom limb pain, and multiple sclerosis. Per MTUS guidelines, interferential units are recommended if medications do not work and history of substance abuse or for post-operative pain control. After a one-month trial there should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A "jacket" should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. In this case, the patient has not yet had a one-month trial of either a TENS or interferential unit. MTUS recommends a one-month trial before a purchase. Therefore, the request for purchase of X-Force Stimulator with Conductive Garments x 2 is not medically necessary and appropriate.

**Rental of Supplies for 3 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

**Decision rationale:** This patient presents with neck pain, bilateral shoulder pain, bilateral wrist/hand pain, back pain, and bilateral leg pain. The treater has asked for three (3) month rental of supplies on 6/17/14. Review of records show patient has not used a TENS or interferential unit. The X-force stimulator is a combination TENS and interferential unit. Regarding TENS units, MTUS guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS (Complex Regional Pain Syndrome), spasticity, phantom limb pain, and multiple sclerosis. Per MTUS guidelines, interferential units are recommended if medications do not work and history of substance abuse or for post-operative pain control. After a one-month trial there should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A "jacket" should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. In this case, the patient has not yet had a one-month trial of either a TENS or interferential unit. MTUS recommends a one-month trial before a purchase. As the X-force stimulator unit is not

indicated, neither is the requested three (3) month rental of supplies. Therefore, the request of Rental of Supplies for 3 months is not medically necessary and appropriate.