

Case Number:	CM14-0152081		
Date Assigned:	09/22/2014	Date of Injury:	04/30/2009
Decision Date:	12/12/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/18/2014

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 Family 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:

This 50-year-old truck driver reported injuries to his L shoulder and back after pushing a cage filled with parts over a speed bump on 4/30/09. He received at least one lumbar epidural steroid injection, and underwent a L shoulder arthroscopic rotator cuff repair on 8/25/10. He first saw his current primary treater, a chiropractor, on 5/16/14. On that date, the treater requested referral to a pain management specialist in addition X-rays, a lumbar spine MRI, a short course of physical therapy and a functional capacity evaluation. The patient was seen on 5/29/14 by the pain care specialist, who stated the patient was an excellent candidate for epidural steroid injections and possibly for facet and sacroiliac injections. Motrin 800 mg# 60, Fexmid 7.5 mg #90 and Norco 10/325 #60 were dispensed. By the following visit on 6/12/14 with the pain specialist, MRI results were available which showed multilevel degenerative changes. Bilateral L4-5 and L5-S1 epidural steroid injections were requested. The patient was seen by his primary treater on 7/25/14. He continued to complain of L shoulder and low back pain which he reported had been helped by physical therapy. Exam findings included tenderness of the L shoulder and back, with positive impingement test of the shoulder, and positive straight leg test on the right at 60 degrees resulting in radicular pain. The provider noted that epidural steroid injections had been authorized and were to take place the following month. The treatment plan included continuation of physical therapy, requesting authorization for an MRI of the L shoulder, and requesting authorization for a lumbar spine pneumatic brace and of an X-Force Stimulator. He described the brace as a rigid back brace with pull handles to allow the patient to compress the disc for extra stabilization. He stated that the brace reduces the risk for failed fusion. He described the X-Force stimulator as a dual modality unit with both TEJS and TENS. He stated that night use of the device will promote quicker recovery by promoting healthy joint space, and that daytime use will is effective for combating flare-ups and sudden onset of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 request for a x-force stimulator [REDACTED] lumbar spine pneumatic brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines TENS Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back updated 07/03/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Transcutaneous Therapy, TENS, Microcurrent Electrical Stimulation (MENS devices) Page(s): 114-1. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Guidelines, Update 4/7/08, Low Back Chapter, lumbar supports

Decision rationale: The clinical findings in this case do not support the use of either X-Force stimulator or the [REDACTED] lumbar spine pneumatic brace. There is no documentation that the requirements have been met for use of the TENS portion of the X-Force stimulator. There is no documentation of what other pain modalities have been tried and failed. In fact, the concurrent request for lumbar ESI's would imply that the providers feel there are other pain treatments that are likely to be successful. There is no documentation of a one-month TENS trial. There is no documentation of a treatment plan with short and long-term goals of TENS therapy. It is not clear what areas of the body the unit is to be used on, especially since it is described by the manufacturer as best used with a mesh garment that covers the joint to be treated. The TEJS portion of the unit appears to be essentially identical to a MENS unit, which is not recommended by MTUS. There is no documentation as to why a rigid back support that allows minimal back movement is needed in this case. The treater describes the device as helpful for preventing failed fusion, which is not applicable in this case since the patient has not had back surgery. Based on the evidence-based guideline cited above and the clinical records provided for my review, neither the X-Force stimulator nor the [REDACTED] lumbar spine pneumatic brace is medically necessary. The X-Force stimulator is not necessary because it is not clear where it is to be used, because its use requires a form-fitting garment, because there is no documentation of specific short and long-term goals for its use, because there has been no previous successful TENS trial, because its manufacturer appears to have intended that it be used for arthritis of the knee and hand, and because the TEJS portion of the device is probably identical to or similar to MENS, which is not recommended by MTUS. The [REDACTED] lumbar spine pneumatic brace is not necessary because it is not recommended by the guidelines above, and because it may actually interfere with the patient's recovery.