

Case Number:	CM14-0037170		
Date Assigned:	06/25/2014	Date of Injury:	05/07/2008
Decision Date:	09/25/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/27/2014

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 is a 40 year old male who reported an industrial injury to the back on 5/7/2008, over six (6) years, ago attributed to cumulative trauma of performing his customary job tasks as a Sheriff's deputy. The patient complains of chronic low back pain radiating to the LLE. The MRI of the lumbar spine documented evidence of a L4-L5 disc protrusion along with mild to moderate facet hypertrophy which results in lateral recess stenosis bilaterally with impingement of the traversing L5 nerve roots. Also mild bilateral sub articular recess narrowing but without displacement and without impingement of the exiting L4 nerve roots. At L5-S1 moderate disc dehydration and height loss with slightly asymmetric and more prominent left paracentral he, where there is also an annular fissure. This protrusion abuts and indents the anterior thecal sac and S1 nerve roots which are also likely to be chemically irritated by the presence of an annular fissure. The treating diagnoses were musculoligamentous strain lumbar spine; lumbar spine degenerative disc disease (DDD); retrolisthesis L5-S1; lumbar radiculopathy. The treatment plan included the prescription of a next force muscle stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Force Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines transcutaneous electrotherapy, interferential current stimulation Page(s): 115, 118-121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lower back chapter-interferential therapy; pain chapter-interferential current stimulation.

Decision rationale: The patient has chronic low back pain with lumbar spine degenerative disc disease and radiculopathy; however, the X-Force muscle stimulator is not recommended over the TENS unit. The 4-Lead TENS unit is not recommended by the MTUS Chronic Pain Guidelines over the use of the 2-Lead TENS unit. There is no demonstrated medical necessity for the prescription of the X-force muscle stimulator for the treatment of chronic low back pain. The X-Force Stimulator is a proprietary device that utilizes a unique electrical signal to deliver monophasic, peaked impulses directly to the site of application. The device is a dual modality unit, offering TEJS and TENS functions that both use electrical stimulation to combat pain found in the joint capsule. The FDA has approved the X-Force Stimulator and has classified the device with a product code of NYN. This is important as conventional TENS units are classified by the FDA using the product code GZJ. Thus, the X-Force Stimulator is inherently unique from TENS units and other electrical stimulation devices, and is recognized as such. There is no demonstrated medical necessity for the TEJS function or dual modality muscle stimulator. The treating physician provided no subjective/objective evidence to support the medical necessity of the X-Force Unit for the treatment of the patient's chronic low back pain over the prescription of the recommended TENS unit. The treating physician has provided no rationale supported with objective evidence to support the medical necessity of the X-force muscle stimulator and override the recommendations of the MTUS Chronic Pain Guidelines. The prescription for the X force muscle stimulator by the requesting physician is not accompanied with a rationale or objective evidence to support medical necessity. As such, the request is not medically necessary and appropriate.