

Case Number:	CM14-0084540		
Date Assigned:	07/21/2014	Date of Injury:	10/04/2013
Decision Date:	08/29/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/06/2014

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 Preventive 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:

According to the records made available for review, this is a 52-year-old with a October 4, 2013 date of injury. At the time of request for authorization for DME - X-Force Stimulator, there is documentation of subjective (neck pain and low back radiating to the bilateral upper and lower extremities) and objective (decreased cervical and lumbar ranges of motion with spasms) findings, current diagnoses (cervical spine herniated nucleus pulposus and lumbar spine myoligamentous injury with herniated nucleus pulposus), and treatment to date (chiropractic care, medications, and activity modification).

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 Chronic Pain Treatment Guidelines Electrical stimulators. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation - Low Back, Transcutaneous electrical nerve stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
https://wellcare.com/WCAssets/corporate/assets/HS098_Transcutaneous_Electrical_Joint_Stimulation_for_Tx_of_Arthritis.pdf.

Decision rationale: An online search identifies that the X-Force Stimulator utilizes transcutaneous electrical joint stimulation (TEJS) and transcutaneous electrical nerve stimulation (TENS). MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Furthermore, Medical Treatment Guidelines identifies that transcutaneous electrical joint stimulation is considered experimental and investigational and is not supported. Therefore, based on guidelines and a review of the evidence, the request for X-Force stimulator is not medically necessary or appropriate.