MAXIMUS Federal Services

Case Number:	CM14-0088043		
Date Assigned:	07/23/2014	Date of Injury:	06/03/2012
Decision Date:	09/22/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/11/2014

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 is licensed to practice in Illinois. 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 injured worker is a 50-year-old male who reported an injury on 06/03/2012 due to an unspecified cause of injury. The injured worker had a history of back pain. The diagnoses included lower left extremity radiculopathy, lower back pain, herniated disc, and severe stenosis at the L3 through the S1. No diagnostics were available for review. The past treatments included physical therapy. The physical examination of the lumbar spine dated 02/14/2014 revealed normal posture, without evidence of scoliosis, or increased thoracic kyphosis. Negative for tenderness to palpation over the thoracic or lumbar paravertebral muscles, spinous processes or sacroiliac joints. Exam was negative for trigger points to the thoracic or lumbar muscles. There was a normal gait. The range of motion to the lumbar spine was within normal limits. The motor examination was 5/5 bilaterally. The sensory examination revealed slightly decreased sensation with light touch and pinprick to the left lumbar region. No medications were provided. No VAS was provided. The treatment plan included continuing Home Exercise Program. The request for authorization dated 02/14/2014 was with the documentation. No rationale for the X-force stimulator was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-force with stimulator, quantity one.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulating Unit (TENS unit) and Chronic Pain Medical Treatment Guidelines pages 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, NMES Page(s): 114 - 116; 121.

Decision rationale: The request for X-force with stimulation, quantity one is not medically necessary. The California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. They do not recommend Neuromuscular electrical stimulation (NMES devices) as there is no evidence to support its' use in chronic pain. Per progressiveorthopedicsolutions.com the Pro Tech multi stim unit includes, TENS, NMES/EMS, and MS therapies into one unit. The clinical notes were not evident that the injured worker had a 30-day trial. The medication, measurable pain level or VAS was not documented. The injured worker revealed normal findings on the physical examination. As such, the request is not medically necessary.