

Case Number:	CM14-0090753		
Date Assigned:	07/23/2014	Date of Injury:	11/22/2013
Decision Date:	08/28/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/16/2014

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 Orthopedic Surgery 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 48-year-old female with 11/22/13 date of injury. At the time (5/21/14) of request for authorization for X-force stimulator, there is documentation of subjective (severe headaches and head burning sensation; intermittent pain in the neck with pain radiating to the right shoulder; numbness and tingling in the right upper extremity; right shoulder pain radiating to the right hand; intermittent low back pain, numbness in the right lower extremity) and objective (cervical spine mild to moderate tenderness to palpation, decreased range of motion, positive Spurling test, and strongly positive Hoffman's test; right shoulder tenderness to palpation, decreased range of motion, positive impingement; lumbar spine tenderness to palpation, decreased range of motion, positive straight leg raise, and Kemp test; sensory deficit in the right C6 dermatome, 4/5 motor strength right biceps and wrist extensors) findings, current diagnoses (cervical spine C5-6 spondylosis, rule out herniated nucleus pulposus, right C6 upper extremity radiculopathy, lumbar spine musculoligamentous sprain/strain, rule out herniated nucleus pulposus, right lower extremity radicular pain and paresthesia, right shoulder sprain/strain, rule out internal derangement, myeloradiculopathy at right C6, and right wrist sprain/strain), and treatment to date (medications, physical therapy, and activity modification). There is no documentation of 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 (Transcutaneous Electric Nerve Stimulation).

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 Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117.

Decision rationale: An online search identified that the X-force stimulator is a dual modality unit, offering TEJS and TENS (Transcutaneous Electric Nerve Stimulation) functions. 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. Within the medical information available for review, there is documentation of diagnoses of cervical spine C5-6 spondylosis, rule out herniated nucleus pulposus, right C6 upper extremity radiculopathy, lumbar spine musculoligamentous sprain/strain, rule out herniated nucleus pulposus, right lower extremity radicular pain and paresthesia, right shoulder sprain/strain, rule out internal derangement, myeloradiculopathy at right C6, and right wrist sprain/strain. In addition, there is documentation of pain of at least three months duration, and evidence that other appropriate pain modalities have been tried (including medication). However, there is no documentation of 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. Therefore, based on guidelines and a review of the evidence, the request for X-force stimulator is not medically necessary.