

Case Number:	CM14-0098308		
Date Assigned:	07/28/2014	Date of Injury:	03/12/2012
Decision Date:	09/09/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/26/2014

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 Nevada. 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 records presented for review, indicate that this 29-year-old male was reportedly injured on December 3, 2012. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated May 8, 2014 indicated that there were ongoing complaints of low back pain with bilateral lower extremity involvement. The physical examination reported positive Gaeslin's Test and Patrick's Test. Diagnostic imaging studies objectified multiple level two millimeter disc bulges and spondylolisthesis at L5. Previous treatment included epidural steroid injections, multiple medications and physical therapy. A request was made for X Force Garments and was not certified in the pre-authorization process on May 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Force with Garments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009): Transcutaneous electrotherapy Page(s): 114-116 OF 127.

Decision rationale: It was noted in a prior utilization review that the MTUS, ACOEM and ODG do not comment on the X force garments; however, there was a discussion relative to addressing nerve stimulation. Therefore, when noting that these devices are considered experimental under the Chronic Pain Medical Treatment Guidelines, there is no competent, objective and independently confirmable medical evidence presented to demonstrate the medical necessity.

Hot and Cold Solar Care System: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): electronically sited.

Decision rationale: When noting the date of injury, the injury sustained, the treatment to date as well as the parameters outlined in the ACOEM Guidelines, the intervention of heat/cold in the acute phases are supported. However, it is well beyond that parameter. Therefore, after reviewing the medical records, the medical necessity for this type of device has not been established.