

<b>Case Number:</b>	CM14-0168125		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	10/15/2008
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Rehab, has a subspecialty in Interventional Spine 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:

The patient is a 62 year old male with an injury date on 10/15/2008. Based on the 08/27/2014 progress report provided by the treating physician, the diagnoses are:1. Cervical spine HNP2. Lumbar spine sprain and strain, rule herniated nucleus3. Bilateral shoulder sprain and strain4. Left knee sprain and strain, rule out meniscus tear5. Sleep deprivation6. Stress, anxiety, and depression7. Gastritis.According to this report, the patient complains of "neck pain, constant sharp shooting pain that radiates into his bilateral upper extremities with weakness" and "lumbar spine pain, constant sharp shooting pain that goes into his extremities." Activity and prolonged sitting greater than 60 minutes would cause severe stiffness and spasms. The patient also complains of left knee pain, bilateral shoulder pain dull achy pain that increases with lifting, sleep deprivation, stress, anxiety, and depression related to pain. Physical exam reveals muscle spasm at the bilateral cervical/ thoracic paravertebral region. Tenderness is noted at the medial/lateral joint space of the left knee. Cervical and lumbar range of motion is restricted with slight pain. Shoulder range of motion is 10 to 170 degrees. Supraspinatus Test, McMurray's test, and Kemp's Test are positive The treatment plan is to request for PT and Chiro visits for the neck, X-rays for the low back, neck, bilateral shoulder, and left knee, Neurological consult, EMG of the lumbar spine and cervical spine, Internal medicine evaluation, and Orthopedic evaluation .The patient's work status is "temporarily totally disabled from work until 10/22/2014." There were no other significant findings noted on this report. The utilization review denied the request for X-force stimulation unit with 3 months supplies and conductive garment on 09/19/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 04/12/2014 to 08/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-Force Stimulator Unit with 3 months supplies and conductive garment: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation X-Force Stimulator - (<http://www.accessdata.fda.gov/cdrhdocs/pdf11557.pdf>)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 114-116.

**Decision rationale:** According to the 08/27/2014 report, this patient presents with neck pain and low back that is constant and sharp. The current request is for X-force stimulation unit with 3 months supplies and conductive garment. X-force stimulator is a combo unit containing TENS and TEJS (joint stimulation). Regarding TENS units, the MTUS guidelines state "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option" and may be appropriate for neuropathic pain. The guidelines further state a "rental would be preferred over purchase during this trial." Review of the provided medical records from 04/12/2014 to 08/27/2014 shows that the patient has neuropathic pain and appears to be a candidate for a TENS unit trial. However, there is no indication that the patient has trialed a one-month rental to determine whether or not a TENS unit will be beneficial. Furthermore, TEJS, the combo component of X-force stimulator is not discussed in MTUS or the Official Disability Guidelines. There is no evidence that this combo unit is any superior to conventional TENS units. MTUS guidelines support the use of the TENS unit with a one-month trial. The requested TENS unit with 3 month supplies is not supported by the MTUS guidelines. Therefore, the current request is not medically necessary. Regarding the conductive garment, MTUS page 116 does not support conductive garments unless documentation is provided that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, such as skin pathology. In this case, the treating physician does not document that the patient is present with any skin condition that requires the use of a conductive skin garment. The request is not medically necessary.