

<b>Case Number:</b>	CM15-0132262		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	07/04/2012
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 28 year old male, who sustained an industrial injury on 7/4/12. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical sprain; lumbar sprain; lumbar spine intervertebral disc displacement; knee sprain; anxiety syndrome; depression; fibromyalgia. Treatment to date has included physical therapy; psychiatric therapy; trigger point injections; back brace; medications. Diagnostics studies included MRI cervical spine (1/26/15); MRI lumbar spine (1/26/15). Currently, the PR-2 notes dated 6/5/15 indicated the injured worker complains of chronic pain in the cervical and lumbar spines. He reports the pain is affecting his quality of life. It radiates to the upper and lower extremities bilaterally. His pain complaint on this day is low back pain. He is currently taking prescribed medications Norco and Elavil at bedtime. The provider notes her is also benefiting from trigger point injections. On physical examination he is wearing a back brace. He notes decreased spasms and tenderness in the paravertebral muscles of the lumbar spine on the right side. Dysesthesia is noted in L4, L5 and S1 dermatomal distributions bilaterally. Trigger points are identified in the right lower back. Spasm and tenderness is observed over the paravertebral muscles of the cervical spine as well. A MRI of the cervical spine dated 1/26/15 impression reveals C4-C5 and C5-C6 disc protrusion that encroaches on the subarachnoid space. A MRI of the lumbar spine impression reveals a L5-S1 broad-based central disc protrusion 3.1mm compresses the thecal sac and bilateral descending nerve roots; disc desiccation/dehydration and disc narrowing at L5-S1; no other abnormalities noted. On this day, the provider documents her administered a trigger point injection. The provider is requesting authorization of X-Force Stimulator (lumbar spine).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**X-Force Stimulator (lumbar spine):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic/TENS (transcutaneous electrical nerve stimulation) (updated 05/15/15).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 113-114.

**Decision rationale:** This 28 year old male has complained of neck pain and low back pain since date of injury 7/4/12. He has been treated with physical therapy, trigger point injections and medications. The current request is for an X-Force stimulator (lumbar spine). Per the MTUS guidelines cited above, transcutaneous electrotherapy is not recommended as a primary treatment modality, but a one-month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based function restoration for the following conditions: neuropathic pain to include diabetic neuropathy and post-herpetic neuralgia, chronic regional pain syndrome I and II, phantom limb pain, spasticity in spinal cord injury and multiple sclerosis. The available medical records do not contain documentation of an ongoing or intended implementation of a functional restoration program to be utilized in conjunction with a trial of TENS unit rental as recommended by the MTUS. Lastly, there is no physical examination documentation or listed diagnoses of neuropathic pain, chronic regional pain syndrome, phantom limb pain, spinal cord spasticity or multiple sclerosis. On the basis of the above MTUS guidelines and available medical record documentation, an X-force stimulator (lumbar spine) is not indicated as medically necessary in this patient.