

Case Number:	CM15-0196540		
Date Assigned:	10/12/2015	Date of Injury:	08/01/2014
Decision Date:	11/20/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/06/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 26 year old male who sustained an industrial injury on 8-1-14. The injured worker was being treated for disc herniation at L5-S1; right lower extremity lumbar radiculopathy and paresthesia; lumbar spine sprain-strain, rule out herniated nucleus pulposus. He currently (8-18-15) complains of frequent low back pain with radiation to the bilateral lower extremities and a pain level of 5 out of 10; numbness in the lumbar spine and right buttocks. On physical exam of the lumbar spine, there was tenderness, spasms and tightness with painful and reduced range of motion. There was pain with heel-toe walking. There is a positive straight leg raise test and sacroiliac joint tenderness with spasms. He has had x-rays of the lumbar spine and sacrum (8-2-14) both were normal and in the 2-13-15 note the provider notes that the lumbar x-ray dated 8-2-14 showed a fracture of the coccyx; MRI of the lumbosacral spine (9-15-14) showing a L5-S1 disc desiccation, posterior disc protrusion, findings consistent with annular tear. He was treated with transforaminal epidural steroid injection at L5-S1 (7-21-15) with 30% improvement in symptoms; he is walking and doing home stretches; he has had physical therapy with significant improvement (per 4-15-15 note) medications: (current 8-18-15) Prilosec, Ultracet. He has had Norco, Valium, and Motrin in the past (8-14-14). The treating provider requested the X-force stimulator to empower the injured worker to become independent and to take a role in the management of his symptoms. The request for authorization dated 8-18-15 was for X-force stimulator. On 9-11-15 Utilization Review non-certified the request for X-force stimulator and modified the request to a 30-day trial of X-force stimulator.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation <http://www.healthpedian.com/types-of-electrical-therapy/><http://www.sevensesadm.com/force-stimulator/>.

Decision rationale: The X-force stimulator is marketed as a TENS unit plus local stimulation that appears to be very similar to a NEMS device. MTUS Guidelines do not support the utilization of any dual mode stimulators. If a usual and customary TENS unit is to be utilized, a rental and 30 day trial is recommended and prior to longer term use there needs to be detailed evidence of benefits. Guidelines do not recommend the use of NEMS devices. The X-force stimulator is not supported by Guidelines and is not medically necessary. There are no unusual circumstances to justify an exception to the Guideline recommendations. The request is not medically necessary.