

Case Number:	CM15-0196789		
Date Assigned:	10/12/2015	Date of Injury:	05/07/2015
Decision Date:	11/25/2015	UR Denial Date:	09/08/2015
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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for neck and upper back pain reportedly associated with an industrial injury of May 7, 2015. In a Utilization Review report dated August 14, 2015, the claims administrator failed to approve a request for an X-Force stimulator device. The claims administrator referenced an August 14, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On said August 14, 2015 office visit, the applicant reported ongoing complaints of shoulder, arm, and elbow pain with derivative complaints of sleep disturbance. The applicant was not working, the treating provider acknowledged. Physical therapy, MRI imaging of the cervical spine, MRI imaging of lumbar spine, MRI imaging of the elbow, oral Voltaren, a topical compounded medication, and an X-Force stimulator were endorsed while the applicant was kept off of work, on total temporary disability.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: No, the request for an X-Force stimulator [purchase] was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of transcutaneous electrical therapy device such as the article in question should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, with beneficial outcomes present in terms of both pain relief and function. Here, however, the attending provider seemingly prescribed, dispensed, and/or endorsed the device in question on August 14, 2015 without having the applicant first undergo a one-month trial of the same. Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that a TENS unit should be employed on a trial basis as an adjunct to other modalities within the functional restoration approach. Here, however, the applicant was placed off of work, on total temporary disability, on the date of the request, August 14, 2015. It did not appear that the applicant was intent on employing the X-Force stimulator at issue in conjunction with the functional restoration approach. Therefore, the request was not medically necessary.