

Case Number:	CM15-0197195		
Date Assigned:	11/04/2015	Date of Injury:	03/22/2014
Decision Date:	12/15/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/07/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 34-year-old male, with a reported date of injury of 03-22-2014. The diagnoses include herniated nucleus pulposus at L5-S1, sciatica to the left, severe left leg weakness, depression and anxiety, insomnia, and sexual dysfunction. The comprehensive orthopedic re-evaluation report dated 08-18-2015 indicates that the injured worker continued to have low back pain, severe on the left, with radiation in the left leg. It was noted that the injured worker was not working. The objective findings include a stiff gait; a right-sided tilt; and decreased motor and sensory examinations in the left lower extremity. It was noted that the injured worker would continue on his X-force with solar care device, which was helping him. There was documentation that the injured worker remained temporarily totally disabled for six weeks. The diagnostic studies to date have included electrodiagnostic studies on 05-14-2014; a urine drug screen on 09-16-2014; an MRI of the lumbar spine on 05-14-2014; and a urine drug screen on 08-18-2015. Treatments and evaluation to date have included Norco, Prilosec, Xanax, Ketoprofen-Gabapentin-Tramadol cream, Gabapentin, Tramadol, transforaminal nerve root injection at left L4-5 and L5-S1 on 08-27-2015 and 09-10-2015, and X-force solar care device. The request for authorization was dated 08-24-2015. The treating physician requested one X-force solar care. On 09-15-2015, Utilization Review (UR) non-certified the request for one X-force solar care.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Force Solar Care: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic), Heat Therapy, Infrared Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Cold/heat packs.

Decision rationale: The claimant sustained a cumulative trauma work injury to the low back while working as a general laborer with date of injury in March 2014. He continues to be treated for severe left back pain radiating into the left leg. An MRI of the lumbar spine included findings of the left lateralized L5/S1 disc herniations. In August and September 2015 left lumbar transforaminal epidural steroid injections were done. When seen, he had a stiff gait. He was slightly bent to the right side. He had positive straight leg raising with decreased left lower extremity sensation. Medications were refilled. Use of an X-Force with Solar Care. An X-Force Stimulator is a device that utilizes an electrical signal to deliver monophasic, peaked impulses directly to the joint. The device is a dual modality unit, also offering TENS functions. In terms of TENS, a one-month home-based trial of a basic TENS unit may be considered as a noninvasive conservative option. In this case, a dual function unit is being requested. The unit being requested also includes a heat option, Solar Care. In terms of thermal modalities, the use of heat and ice are low cost, as at-home applications have few side effects and are non-invasive. The at-home application of heat or cold packs is recommended. However, in this case, simple, low-tech thermal modalities would meet the claimant's needs. The requested unit is not medically necessary.