

Case Number:	CM15-0209825		
Date Assigned:	10/28/2015	Date of Injury:	07/01/2015
Decision Date:	12/09/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/26/2015

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: Physical Medicine & Rehabilitation

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 51 year old male, who sustained an industrial injury on 7-1-15. The injured worker has complaints of neck; right shoulder; lower back and left knee. Cervical spine examination revealed there is spasm and tenderness over the paravertebral musculature, but not over the upper trapezium, interscapular area, the cervical spinous processes or occiput. Range of motion was accomplished with no discomfort and spasm. Shoulder examination revealed tenderness over the right acromioclavicular joint. Impingement and Hawkins signs were mildly positive on the right. Lumbar spine revealed tenderness and spasm in the paravertebral muscle. The injured worker toe and heel walks with pain and squats with pain. Diagnoses have included sprain of lumbar; pain in joint, shoulder region and sprains and strains of unspecified site of knee and leg. Treatment to date has included physical therapy to his neck, right shoulder and lower back at intervals of twice a week through 8-20-15 providing him temporary pain relief; pain medications; anti-inflammatory agents and home stretching exercises. The original utilization review (10-7-15) non-certified the request for X-force stimulator unit purchase with conductive garment and 3 months supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Force stimulator unit purchase with conductive garment and 3 months supplies: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of a transcutaneous Electrotherapy Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. There are no documented short-term or long-term goals of treatment with the X-Force Stim care unit. Submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief as part of the functional restoration approach to support the request for the Unit without previous failed TENS trial. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the therapy treatment already rendered. Additionally, a form-fitting device is only considered medically necessary with clear specific documentation for use of a large area that conventional system cannot accommodate or that the patient has specific medical conditions such as skin pathology that prevents use of traditional system, not demonstrated in this situation. The X-Force stimulator unit purchase with conductive garment and 3 months supplies is not medically necessary and appropriate.