

<b>Case Number:</b>	CM15-0029422		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	12/18/2013
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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 43-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of December 18, 2013. In a Utilization Review Report dated January 20, 2015, the claims administrator failed to approve a request for an X-Force stimulator and associated supplies. A January 12, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On September 19, 2014, the applicant reported persistent complaints of low back pain. The applicant was placed off of work, on total temporary disability. On December 8, 2014, the applicant was, once again, placed off of work, on total temporary disability, while Flexeril, Voltaren, and a flurbiprofen-containing cream were endorsed. Additional physical therapy was endorsed. The applicant's low back pain was described as constant and severe. The applicant also reported ancillary psychiatric complaints of anxiety, depression, and insomnia. A January 12, 2015 progress note did not contain any references to the applicant's having employed the X-Force device at issue on a trial basis. Severe, 8/10 low back pain was evident, with associated radicular pain complaints. The remainder of the file was surveyed. There was no evidence or indication that the applicant had received the device at issue on a trial basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-force Stimulator and supplies x 3 months purchase (electrodes x 6, lead wires x 1, batteries x 3, garment x1): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 116 of 127.

**Decision rationale:** No, the proposed X-Force stimulator, a form of transcutaneous electrotherapy device, and associated supplies was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit beyond an initial one-month trial should be predicated on evidence of favorable outcomes in terms of both pain relief and function. Here, however, the attending provider's progress notes made no mention of the device at issue. There was no mention of the applicant's having had a favorable outcome during an earlier one-month trial of the device before a request to purchase the same was endorsed. Therefore, the request was not medically necessary.