

Case Number:	CM15-0119900		
Date Assigned:	06/30/2015	Date of Injury:	12/07/2014
Decision Date:	07/30/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/22/2015

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 54 year old female, who sustained an industrial injury on 12/7/14. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar sprain; unspecified disorders of the lumbar region; lumbar disc bulge; lumbar spine radiculitis; cervical spine discopathy; cervical spine radiculitis; left shoulder impingement syndrome. Treatment to date has included physical therapy; acupuncture; medications. Currently, the PR-2 notes dated 2/13/15 indicated the injured worker returns as a follow-up re-evaluation for complaints of neck pain, low back and left shoulder pain with radiating pain down to the left upper extremity and down n both legs. Examination of the cervical spine reveals 3+ tenderness over the paraspinal muscles, trapezius and parascapular muscles, bilaterally. There is 3+ tenderness to palpation felt over the cervical spine process from C4 through C7. Cervical compression test is positive, bilaterally. Shoulder depression test is positive bilaterally. There is a 3+ pain with range of motion. There is tenderness over the parathoracic muscles and spinous process from T1 through T2 bilaterally. His left shoulder exam reveals positive impingement test. The lumbar spine exam reveals a 3+ tenderness and spasms over the paralumbar muscles, sacroiliac joint, sciatic notch and sacral base bilaterally. Exam also reveals a 3+ tenderness and spasm over the spinous processes from L3 through S1 bilaterally. Straight leg raising is positive at 45 degrees on the right and 45 degrees on the left with lower extremity radicular pain. Kemp's test is positive bilaterally. The provider notes diagnostic testing for a lumbar spine MRI reveals a 3mm disc bulge at L5-S1 with effacement of the anterior thecal sac, mild central canal narrowing. Also as 2mm disc bulge at L1-L2 with effacement of the anterior thecal sac with little more central canal

narrowing. The provider's treatment plan included X-Force stimulator unit plus 3 months supplies purchase and conductive garment times tow purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-force stimulator unit plus 3 months supplies, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is no documentation that a trial period with a rented TENS unit has been completed. X-force stimulator unit plus 3 months supplies, purchase is not medically necessary.

Conductive garment times 2, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is no documentation that a trial period with a rented TENS unit has been completed. X-force stimulator unit plus 3 months supplies purchase was not authorized, therefore, purchase of a conductive garment times 2 is not medically necessary.