

Case Number:	CM13-0017415		
Date Assigned:	12/11/2013	Date of Injury:	07/28/2011
Decision Date:	02/03/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee who has filed a claim for chronic low back and sacroiliac joint pain reportedly associated with an industrial injury of June 21, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; and apparent return to work as a police officer. In a Utilization Review Report of August 20, 2013, the claims administrator denied a request for multimodality transcutaneous electrotherapy device. The applicant's attorney later appealed. An earlier clinical progress note of October 20, 2013 is notable for comments that the attending provider apparently sought multimodality transcutaneous electrotherapy device for the applicant's chronic low back and left shoulder pain. Large portions of the progress note were handwritten and not entirely legible. The applicant is asked to return to his usual and customary work. An earlier note of September 20, 2013 is also notable for comments that the applicant was working regular duty and was asked to pursue additional chiropractic manipulative therapy as of that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 month rental of OrthoStim 4 and supplies (Cypress Care): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ; <http://www.vqorthocare.com/products/surgistim-4/>

Decision rationale: Several modalities in the proposed device, per the product description, carry unfavorable recommendations. The device appears to be an amalgam of high-voltage current stimulation, neuromuscular stimulation, and interferential stimulation. However, neuromuscular stimulation, per page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, is indicated only in the post-stroke rehabilitative context. It is not indicated in the chronic pain context present here. Galvanic stimulation, another modality in the device, is likewise considered investigational for all purposes and is also not recommended, per page 117 of the MTUS Chronic Pain Medical Treatment Guidelines. Since multiple modalities in the device carry unfavorable recommendations here, the device and associated supplies are likewise not recommended and not certified, on Independent Medical Review.