

Case Number:	CM13-0018125		
Date Assigned:	10/11/2013	Date of Injury:	01/14/2010
Decision Date:	01/15/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/29/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois 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.

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 patient is a 48-year-old female who reported injury on 01/14/2010. The mechanism of injury was not provided. The patient was noted to be participating in self-guided exercises including pool therapy. The patient was noted to have tenderness to the lumbar spine to palpation with muscle guarding over the paravertebral musculature and lumbosacral junction. The diagnoses were noted to include cervical/trapezial musculoligamentous sprain/strain with 3 mm disc bulge at C5-6 and C6-7 with bilateral intervertebral stenosis at C5-7 per MRI scan dated 07/31/2011 with right upper extremity radiculitis. The request was made for OrthoStim 4 unit rental, QTY 2, electrode packs, QTY 8, power packs, QTY 24, adhesive remover towel (mint), QTY 32, and Leadwire, QTY 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

OrthoStim4 unit rental, QTY: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117, 118, 120. Decision based on Non-MTUS Citation <http://www.vqorthocare.com/products/surgistim-4/>.

Decision rationale: California MTUS Guidelines do not specifically address OrthoStim 4 as a unit; however, they do address the components individually which includes galvanic stimulation

which is not recommended, neuromuscular electrical stimulation which is not recommended unless it is used as part of a rehabilitation program following a stroke, and it includes interferential current stimulation which is not recommended as an isolated intervention. The clinical documentation submitted for review indicated that the patient had tenderness to palpation with muscle guarding over the paravertebral musculature and trapezius muscles. The axial compression test was noted to elicit increased neck pain radiating to the right arm. The examination of the lumbar spine revealed tenderness to palpation with muscle guarding over the paravertebral musculature and lumbosacral junction. The straight leg raise test was negative eliciting low back pain only. The examination of the right elbow revealed tenderness to palpation over the lateral epicondyle and extensor forearm muscles. The Cozen's test was noted to be positive. The medical necessity letter indicated that the OrthoStim 4 was to manage the patient's pain, relax the muscles, reduce the swelling, increase circulation, increase range of motion, reduce joint stiffness, and improve activities of daily living. However, the clinical documentation submitted for review failed to include exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for OrthoStim 4 is not medically necessary.

Electrodes packs, QTY: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117, 118, 120. Decision based on Non-MTUS Citation <http://www.vqorthocare.com/products/surgistim-4>

Decision rationale: As the request for the OrthoStim 4 was not approved, the request for electrodes packs, QTY 8, is not medically necessary.

Power packs, QTY: 24.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117, 118, 120. Decision based on Non-MTUS Citation <http://www.vqorthocare.com/products/surgistim-4/>.

Decision rationale: As the request for the OrthoStim 4 was not approved, the request for power packs, QTY 24.00, is not medically necessary.

Adhesive remover towel (mint), QTY: 32.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117, 118, 120. Decision based on Non-MTUS Citation <http://www.vqorthocare.com/products/surgistim-4/>.

Decision rationale: As the request for the OrthoStim 4 was not approved, the request for adhesive remover towel (mint), QTY 32.00, is not medically necessary

Leadwire, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117, 118, 120. Decision based on Non-MTUS Citation <http://www.vqorthocare.com/products/surgistim-4/>.

Decision rationale: As the request for the OrthoStim 4 was not approved, the request for Leadwire, QTY 1.00, is not medically necessary.