MAXIMUS Federal Services

Case Number:	CM13-0021088		
Date Assigned:	11/08/2013	Date of Injury:	07/09/2009
Decision Date:	10/23/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/06/2013

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. The expert 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 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/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 patient is a 41-year-old female who has submitted a claim for neck sprain associated with an industrial injury date of July 9, 2009. Medical records from 2013 were reviewed. The patient complained of neck, bilateral shoulder, and mid back pain, left worse than right. There is also numbness and tingling of both hands, and occasionally on the feet. Examination of the cervical spine showed slightly decreased cervical lordosis; limitation of motion, tenderness and guarding over the bilateral paravertebral musculature and trapezius; tender myofascial trigger points over the bilateral trapezius; and positive axial compression test. The diagnoses were cervical/trapezial musculoligamentous sprain/strain; bilateral shoulder periscapular strain; thoracic musculoligamentous sprain/strain; bilateral wrist/forearm flexor and extensor tendinitis; left de Quervain's tensynovitis; and cervicogenic headaches. Treatment to date has included oral analgesics, muscle relaxants and chiropractic therapy. Utilization review from August 29, 2013 denied the request for Home ortho stimulation unit. The guidelines do not recommend 3 of the 4 methods of stimulation (Neuromuscular Stimulation, High Volt Pulsed Current, Pulsed Direct Current) contained in the Ortho Stim unit. In addition, the patient did not meet the criteria for trial of interferential stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Ortho Stimulation unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Galvanic stimulation, Interferential current stimulation (ICS) and.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS; H-Wave Stimulation; Neuromuscular Electrical Stimulation Page(s): 114-116;117-118;121.

Decision rationale: Per the [redacted], the OrthoStim4 combines interferential, TENS, NMS/EMS, and galvanic therapies into one unit to "help enhance pain relief, and promote positive outcomes." According to CA MTUS Chronic Pain Treatment Guidelines, a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Page 114 discusses TENS as opposed to multiple other devices. It does not consistently recommend interferential, NMS, and galvanic electrotherapy (pages 117-118, and 121). In this case, patient complained of neck and mid back pain. However, there is no documentation of a rationale identifying why a combined electrotherapy unit would be required as opposed to a TENS unit. In addition, the details concerning the use of this unit in terms of duration and frequency as well as expected treatment response were not documented. Likewise, the request did not state quantity of unit needed and whether this is for rental or purchase. Therefore, the request for Home ortho stimulation unit is not medically necessary.