

Case Number:	CM13-0022580		
Date Assigned:	11/13/2013	Date of Injury:	04/25/2012
Decision Date:	01/21/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/10/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and Rehabilitation and is licensed to practice in California and Texas. 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 patient is a 51-year-old female who reported an injury on 04/25/2012. The patient is currently diagnosed with right knee partial tear of the posterior cruciate ligament and right ankle sprain with compensatory left ankle sprain. The patient was recently seen by [REDACTED] on 10/10/2013. Physical examination revealed decreased lordosis of the cervical spine, tenderness over the paravertebral musculature and trapezius muscles, increased neck pain with radiation to the left shoulder and intrascapular region with axial compression testing, and negative straight leg raising. Treatment recommendations included continuation of a home exercise program and OrthoStim unit and a request for authorization for chiropractic services, cervical mechanical traction, and a resupply of pads, wires, and batteries for home OrthoStim 4 unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

OrthoStim4 unit (purchase) QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

Decision rationale: The OrthoStim 4 unit combines four different types of stimulation including high volt pulsed current stimulation, neuromusculature electrical stimulation, interferential and pulse direct current stimulation. California MTUS Guidelines state while interferential current stimulation is not recommended as an isolated intervention, patient selection criteria is to be used. There should be documentation that pain is ineffectively controlled due to diminished effectiveness of medications, side effects of medications, history of substance abuse or unresponsiveness to conservative measures. Neuromuscular electrical stimulation is not recommended. As per the clinical notes submitted, the patient has previously utilized an OrthoStim 4 unit. Documentation of functional improvement following initial treatment with the unit was not provided. It was noted on 08/01/2013, the provider requested replacement of the patient's OrthoStim 3 with an OrthoStim 4, which was lost in recent relocation. It was then noted on 10/10/2013 the patient found her home OrthoStim unit and does not require replacement. A request for authorization was submitted for resupply of pads, wires, and batteries. Documentation of a treatment plan with specific short-term and long-term goals of treatment with the unit was not provided. Based on the clinical information received, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

Cyclobenzaprine 7.5mg QTY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time. Cyclobenzaprine is recommended for a short course of therapy, and should not be used for longer than 2 to 3 weeks. As per the clinical notes submitted, the patient has continuously utilized this medication since at least 02/2013. The patient continued to report spasm to the cervical spine with persistent pain. Satisfactory response to treatment has not been indicated. As guidelines do not recommend the chronic use of this medication, the current request cannot be determined as medically appropriate. As such, the request is non-certified.