

<b>Case Number:</b>	CM13-0024508		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	04/20/2013
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in 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 46-year-old female who reported an injury on 01/20/2013 when she is reported to have spilled water and landed in a sitting position. She is reported to have developed immediate low back pain following the injury. She is reported to have undergone physical therapy for 6 sessions immediately following the injury without improvement. MRI of the low back was reported to have been performed the week prior to her evaluation on 06/11/2013 by [REDACTED]. The patient is reported to complain of ongoing low back pain that radiates to the left buttock and leg which she rates at worst 8/10 and at best 5/10. She reports she had direct pain in her left and right heels which increased. She noted she also reported numbness in her left buttock, thigh, and leg to the area of the knee and reported weakness of the left lower extremity. She reported pain in the tip end of her tailbone. The patient is noted at the time to be taking Tramadol 50 mg, Nabumetone 750 mg, Orphenadrine, and Omeprazole. On physical examination, the patient is noted to have tenderness to palpation about the lumbar paraspinal and proximal coccygeal muscles with spasms in the left gluteal muscles. Range of motion was limited with pain, gait was normal, walking on tip toes produced pain, and the patient was unable to squat due to pain. She had 2+ reflexes at the ankles and knees bilaterally. She was reported to have decreased sensation to light touch in the L4 and L5 dermatomes on the left. Motor power was normal and symmetrical in all major muscles groups in the lower extremities. The patient is noted to have positive straight leg raise on the left sitting and supine positions. X-rays were reviewed which were reported to show mild discogenic spondylosis at L3-5 with degenerative facet joint arthrosis at L2-5 and right lumbar convexity. X-rays of the coccyx were taken which was reported to show evidence of dislocation or osseous destruction. The patient was referred for chiropractic

## IMR ISSUES, DECISIONS AND RATIONALES

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

**ORHTO STIM 4 with conductive garment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Interferential Current Stimulation (ICS)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy - Interferential Current Stimulation (ICS)..

**Decision rationale:** The patient is a 46-year-old female who reported an injury on 04/20/2013 when she is reported to have slipped on water and fallen landing on her buttocks. She is noted to have reports of immediate low back pain and as of her initial evaluation by [REDACTED] on 06/11/2013 she is reported to complain of ongoing low back pain with radiation of pain into the left buttocks down the left lower extremity. She is noted to have been referred for chiropractic therapy which she reported improved her pain and is noted to state the interdeferential stimulator with the chiropractic care was helpful. California MTUS Guidelines state that a current stimulator is not recommended as an isolated intervention as there is no quality evidence of effectiveness except in conjunction with recommended treatments such as return to work, exercise, or medication and there is only limited evidence of improvement with use of the interferential with those recommended treatments. California MTUS do not address conductive garments. Official Disability Guidelines state conductive garments are only considered medically necessary when there is documentation that such a large area requires stimulation that a conventional system cannot accommodate the treatment or that the patient has a medical condition that prevents the use of a traditional unit or the unit is to be used under a cast. As the guidelines do not recommend the use of an interferential stimulator as an isolated treatment and there is poor evidence that it is of use in conjunction with exercise, medications, or work, and there is no documentation of why a form-fitting conductive garment is necessary, the request for an ortho-stim 4 with conductive garment is non-certified.