

Case Number:	CM13-0024842		
Date Assigned:	11/20/2013	Date of Injury:	02/01/2010
Decision Date:	01/21/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/14/2013

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 Oklahoma 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.

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 02/01/2010. The patient is currently diagnosed with cervical spine radiculitis, bilateral lower extremities radiculopathy, bilateral wrists tendinitis, status post right knee arthroscopy on 11/05/2010, ankle sprain, bilateral knee sprain, and stress with anxiety and depression. The patient was most recently evaluated by [REDACTED] on 09/03/2013. The patient reported improvement following aquatic therapy; however, continued to report shooting pain into the bilateral lower extremities. Physical examination revealed tenderness to the paraspinals, muscle guarding with spasm, positive straight leg raise bilaterally, and decreased sensation to the L4 dermatome. Treatment recommendations included continuation of aquatic therapy, an MRI of the lumbar spine, and a rheumatology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

OrthoStim 4 and supplies as needed for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulations (ICS) Page(s): 120.

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

Decision rationale: The Physician Reviewer's decision rationale: The OrthoStim 4 unit combines 4 different types of stimulation including high volt pulsed current stimulation,

neuromuscular electrical stimulation, interferential and pulsed 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 the 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's latest physical examination revealed tenderness to palpation, guarding with muscle spasm, diminished sensation, and positive straight leg raise. Documentation of a treatment plan with specific short-term and long-term goals of treatment with the OrthoStim unit was not provided. Given that the equipment requested is clearly not supported by evidence-based guidelines, the current request cannot be determined as medically appropriate. As such, the request is non-certified.