MAXIMUS Federal Services

Case Number:	CM13-0029863		
Date Assigned:	11/01/2013	Date of Injury:	08/13/2012
Decision Date:	02/25/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/27/2013

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 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 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 applicant is a represented [redacted] employee who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of August 13, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of cognitive behavioral therapy; unspecified amounts of acupuncture; attorney representation; transfer of care to and from various providers in various specialties; and the apparent imposition of permanent work restrictions. The applicant's case has been apparently complicated by comorbid fibromyalgia. In a utilization review report of September 20, 2013, the claims administrator apparently denied a request for multimodality transcutaneous electrotherapy device. The applicant later appealed. On December 12, 2013, the applicant was given 3% whole person impairment rating from the standpoint of posttraumatic headaches. In October 29, 2013, psychiatric note is notable for comments that the applicant should remain off of work, on total temporary disability. On September 12, 2013, it appears that the attending provider sought a multimodality transcutaneous electrotherapy device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit OrthoStim 4 unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation Page(s): 121.

Decision rationale: As noted in the product description, the proposed multimodality transcutaneous electrotherapy device is an amalgam of multiple modalities, including interferential stimulation, high volt pulse current stimulation, and neuromuscular stimulation. However, several of the modalities in the device in question carry unfavorable recommendations in the MTUS Chronic Pain Medical Treatment Guidelines. For instance, neuromuscular stimulation, per page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, is not recommended outside of the post-stroke rehabilitative context. It is not recommended in the chronic pain context present here. Other modalities in the device, including Galvanic stimulation are also "not recommended," per page 117 of the MTUS Chronic Pain Medical Treatment Guidelines. Since multiple components of the device carry unfavorable recommendations, the entire device is considered not recommended and is therefore not certified.