

Case Number:	CM13-0030057		
Date Assigned:	03/03/2014	Date of Injury:	12/22/1999
Decision Date:	04/23/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/26/2013

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, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 48 year old female with a date of injury 12/22/99. Her diagnoses included (a) status post right thumb ligament reconstruction on December 7, 2004; (b) lumbar spine sprain and strain; and (c) fibromyalgia. According to the primary treating physician's medical legal report dated 3/26/14, the patient returned on April 30, 2013 with complaint of low back pain that was easily exacerbated. Examination of the lumbar spine revealed tenderness over the bilateral paravertebral musculature with myospasm that was worse on the right side. Active ranges of motion were decreased in all planes with pain elicited upon extension. Sacroiliac stress, Kemp's, and Fabere's tests were positive. The patient followed-up on May 31, 2013 and reported that her low back pain had improved. Examination of her lumbar spine revealed tenderness over the lower lumbar and erector spinae muscle. Her range of motion was still restricted and straight leg raising test was positive. Authorization for replacement of Orthostim 4 unit was requested. Subsequently, on June 28, 2013, replacement of TENS unit versus repair of the apparatus was re-requested. According to the primary treating physician's note, the patient has been using the Orthostim unit to significantly reduce her pain experience. Together with medications and acupuncture treatment, her low back symptoms have become manageable. Her physician states that this patient has complex and chronic pain, and a combination of treatment is therefore the most viable strategical approach. OrthoStim unit, which is non-narcotic, non-addictive, non-invasive, and has no risk of serious adverse effects is a valuable adjunct to the patient's medical and physiotherapy management. For these reasons he is requesting reconsideration for the replacement of OrthoStim 4 unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPLACEMENT OF ORTHOSTIM 4 UNIT.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section Interferential.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section Galvanic Stimulation; Interferential Current.

Decision rationale: Replacement of Orthostim 4 Unit is not medically necessary according to the MTUS guidelines. OrthoStim 4 units utilize TENS, interferential current, galvanic and NMES. The MTUS Chronic Pain Medical Treatment Guidelines indicate that galvanic stimulation is considered investigational for all conditions. The MTUS Chronic Pain Medical Treatment Guidelines indicate that NMES is not supported for the treatment of chronic pain. Additionally, the Chronic Pain Medical Treatment Guidelines note that interferential current stimulation (ICS) is not recommended as an isolated intervention. The employee has been using the OrthoStim 4 unit and according to the primary treating physician has had a reduction in pain from using this device. The documentation does not indicate significant objective evidence of functional improvement using the OrthoStim 4 unit. Additionally the unit includes galvanic stimulation and NMES which are clearly not recommended according to the MTUS guidelines. Given that these components are part of the OrthoStim4 unit, the entire unit is not recommended. The request for replacement of the Orthostim 4 Unit is not medically necessary.