MAXIMUS Federal Services

Case Number:	CM13-0031545		
Date Assigned:	12/04/2013	Date of Injury:	01/12/2004
Decision Date:	01/23/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/03/2013

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 low back pain, chronic mid back pain, and chronic hip pain associated with an industrial injury on January 12, 2004. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialities, and extensive periods of time off of work. On January 11, 2013, the primary treating provider gave the applicant a permanent impairment rating, and noted that the applicant was using an OrthoStim4 transcutaneous electrotherapy device, but the applicant's response to the device was not described. Permanent work restrictions were endorsed, since the applicant's symptoms were attributed to cumulative trauma at work. A later medical legal evaluation on May 9, 2014, noted that the applicant has not worked since September 18, 2011, and is presently on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for eight electrodes: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117,121.

Decision rationale: Based on the limited information on file, this appears to be some form of supply for the multimodality interferential stimulator OrthoStim4 device. Per the product description, the OrthoStim4 device represents a combination of pulsed current simulation, neuromuscular stimulation, and interventional stimulation. However, in this case, many of the modalities in the device carry unfavorable recommendations in the MTUS Chronic Pain Medical Treatment Guidelines. For example, neuromuscular stimulation is recommended only in the post-stroke rehabilitative context. It is not recommended in the chronic pain context present here. Similarly, galvanic stimulation is not recommended and considered investigational for all purposes. Since multiple modalities in the device carry unfavorable recommendations, the associated electrodes also carry an unfavorable recommendation. It is further noted that the applicant has used this device in the past and failed to derive any lasting benefit for functional improvement through prior usage of same. The applicant remains off of work, on total temporary disability, several years removed from the date of injury, implying a lack of functional improvement as defined by the MTUS. Therefore, the request is non-certified.

The request for 12 replacement batteries: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

The request for adhesive removal wipes: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.