

<b>Case Number:</b>	CM13-0032875		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	07/09/2008
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Orthopedic Surgery and Sports 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 patient is a 58-year-old male who reported an injury on 07/09/2008. The mechanism of injury was not specifically stated in the records. The patient's diagnosis is lumbar spine sprain/strain. The physical exam findings include decrease range of motion of the lumbar spine, tenderness to palpation of the paraspinal muscles, and positive sacroiliac stress testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ortho Stim unit, a combination of electrical nerve and muscle stimulator, interferential stimulator:** 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 Transcutaneous Electrotherapy Section Page(s): 118-120.

**Decision rationale:** The patient's treatment plan at his 08/09/2013 office visit included a brief course of chiropractic services with exercises and a home exercise program, as well as a home Ortho stim unit for pain control and a lumbar spine orthosis. According to the California MTUS Guidelines, interferential current stimulation is not recommended as an isolated intervention as there is no quality evidence of effectiveness except in conjunction with recommended

treatments, including return to work, exercise, and medications, and limited evidence of improvement on those recommended treatment alone. The treatment plan was noted to include chiropractic care and exercises; however, there was no documentation submitted which showed whether the patient improved on those recommended treatments alone. As the guidelines indicate that interferential current stimulation should only be used when there is limited evidence of improvement on the recommended treatment alone, the request is not supported. As such, the request is non-certified.