

Case Number:	CM13-0033723		
Date Assigned:	12/06/2013	Date of Injury:	09/12/2003
Decision Date:	05/09/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 expert 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 injured worker had an original date of injury of September 12, 2003. The patient complains of low back pain, left lower extremity pain, numbness, and headaches. The disputed request is for an OrthoStim4 rental for six (6) weeks. A utilization review determination non-certified this request because the "outcome of conservative treatment approaches such as exercises and stretching is not elaborated to support the request at this time." The reviewer felt that there was no evidence that these conservative approaches were tried and failed since the recent surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

V/Q ORTHOSTIM 4 UNIT RENTAL FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL STIMULATION Page(s): 117-119 & 121..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL STIMULATION Page(s): 118-120.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that Interferential Current Stimulation (ICS) is "Not recommended as an isolated intervention. 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

treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain." The OrthoStim4 Unit is a multimodal interferential stimulator. The guidelines specify that interferential stimulation is an option on the basis of a four (4) week trial. In this case, the trial is requested for six (6) weeks. This request is recommended for non-certification.