MAXIMUS Federal Services

Case Number:	CM13-0034666		
Date Assigned:	12/11/2013	Date of Injury:	05/25/2011
Decision Date:	01/28/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/15/2013

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 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 claimant is a 43-year-old gentleman who was injured in a work related accident on May 25, 2011. The clinical records for review include an October 10, 2013 assessment with [redacted] at which time he does not give physical examination findings, but dictates a note stating that at last clinical assessment of September 11, 2013, authorization request was made for an OrthoStim IV interferential muscular stimulator unit as well as continuation of medication management including baclofen and Celebrex. Previous clinical records with an examination is from September 16, 2013 with [redacted] for continued complaints of pain about the low back stating he is awaiting approval for lumbar epidural steroid injection stating the claimant continues to utilize medication management and activity restrictions. Formal physical examination findings at that time showed active range of motion of the lumbar spine to be limited with left greater than right "radicular pain" with tenderness noted over the facet joints and discomfort noted to be "despite a recent radiofrequency ablation". Further recent care is not indicated. There is a request for use of the OrthoStim IV unit with supplies for rental or purchase in this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unit/ortho stim & supplies (rental or pruchase): 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): 121.

Decision rationale: Review of OrthoStim IV indicates that it is a current stimulation and neuromuscular electrical stimulation unit used with interferential stimulation as well. While interferential unit intervention stimulation is not recommended as an isolated intervention, it is noted to be indicated where claimants are unresponsive to conservative measures in a one month trial setting. Unfortunately, in this case the role of neuromuscular electrical stimulation is not recommended per Guideline criteria as only indicated as a primary rehabilitative program following a stroke with nothing to support its evidence in the chronic pain setting. The use of this device which would include neuromuscular electrical stimulation thus would not be indicated.