

Case Number:	CM13-0034838		
Date Assigned:	12/11/2013	Date of Injury:	01/16/2009
Decision Date:	02/11/2014	UR Denial Date:	09/18/2013
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 Pain Management, has a subspecialty in Disability Evaluation 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:

This patient is noted to have a date of injury that includes 1/16/09 and CT from 3/19/01 through 9/19/11. Mechanism of injury was repetitive work with prolonged standing/walking. The patient developed increasing low back pain. She did have prior conservative care, including meds and therapy with "on/ off flare-ups" of back pain. She has recently been evaluated for RA and lupus. The injury -specific to January of 2009 occurred when she fell off a wheeled chair. She hit her head and lanced on her right knee. She had therapy, but was reportedly unhappy with treatment. Neurodiagnostic studies were done in August of 2010, and these were normal. The patient reports ongoing neck/mid/low back pain, right shoulder pain, right arm pain, right knee pain, bilateral foot pain, and stress/anxiety due to pain. Exam shows tender points and reduced range of motion. Axial compression test is negative. Prior diagnostic studies are noted. Diagnoses are lumbar sprain/ strain, thoracic sprain/ strain, lumbar radiculitis, lumbar disc bulges, lumbar facet arthropathy, right shoulder strain, right elbow medial/lateral epicondylitis, and right wrist sprain/flexor tendinitis. Motrin is refilled. Chiro is requested. Ortho Stirn is recommended. A cervical pillow is recommended. There is no report of new injury or acute flare. At issue is the request for inferential current stimulator and accessories, which was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

two month rental of an interferential stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 121.

Decision rationale: The Ortho Stirn 3 is a device that provides combination interferential stimulation., neuromuscular electrical stimulation, and high volt pulsed current stimulation. There are no scientific evidence based studies that show the efficacy of this multi-modal e-stim device. The guidelines indicate these types of devices are not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. The scientific evidence related to electromyography (EMG)-triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program. Neuromuscular Electrical Stimulation Devices (NMES), NMES, through multiple channels, attempts to stimulate motor nerves and alternately causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. NMES devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range-of-motion, and re-educate muscles. The OrthoStim3 unit prescribed by for this patient is a multi-modality unit containing neuromuscular electrical stimulation as well as interferential current therapy. Neuromuscular electrical stimulation is specifically not recommended in the California MTUS, therefore the request for 2 month rental of an interferential stimulator is not medically necessary.

electrode pack: 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 item is not medically necessary, none of the associated items are medically necessary.

adhesive removal towels: 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 item is not medically necessary, none of the associated items are medically necessary.

power packs: 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 item is not medically necessary, none of the associated items are medically necessary.

Shipping and handling: 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 item is not medically necessary, none of the associated items/services are medically necessary.

TT&SS leadwires: 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 item is not medically necessary, none of the associated items are medically necessary.

technician fitting and instructions: 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 item is not medically necessary, none of the associated items/services are medically necessary.