

Case Number:	CM13-0036257		
Date Assigned:	12/13/2013	Date of Injury:	01/02/2013
Decision Date:	02/05/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/18/2013

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:

Claimant is a 62 year old male with date of injury 1/2/2013. On 1/25/2013 he had an MRI of the lumbar spine which revealed 1) a short pedicle configuration of the spinal canal on a congenital basis adds to the significance of the acquired disc disease 2) at the L3-4 disc space there is a 3 mm left lateral extruded disc herniation with a peripheral annular tear contributing to moderate-to-sever left L4 lateral recess stenosis and minimal central canal stenosis. There is a far lateral bulge in the annulus with minimal-to-moderate left and minimal right foraminal stenosis. There is minor anterior spondylosis 4) at the L4-5 disc space there are 3 mm predominantly right lateral bulges in the annulus and hypertrophic change of facet joints with moderate right L5 lateral recess stenosis. There os a left lateral annular fissure 5) at the L5-S1 disc space there are 2 mm retrolisthesis, 3 mm diffuse bulge in the annulus and lateral spondylosis particularly right sided along with hypertrophic change to the facet joints contributing to minimal right S1 lateral recess stenosis. There is severe distal right L5 foraminal stenosis. Clinical documentation indicate that the claimant has been treated with medications, physical therapy, acupuncture, home exercise, and lumbar epidural steroid injections. The claimant has been diagnosed with lumbar disc extrusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

OrthoStim 3 unit -EOC 1, EOC 2, purchase and supplies as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Neuromuscular Electrical Stimu.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation section, Neuromuscular Electrical Stimulation section Page(s).

Decision rationale: The OrthoStim3 unit EOC 1, EOC 2, per the manufacturer's website, is a multi-mode unit providing one or two channel neuromuscular stimulation, interferential and premodulated interferential stimulation, and simultaneous or alternating channels in neuromuscular and high volt pulsed current. Per the Chronic Pain Medical Treatment Guidelines, interferential current stimulation 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. Also per the Chronic Pain Medical Treatment Guidelines, neuromuscular electrical stimulation is 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. The use of an OrthoStim3 EOC1 EOC2 unit is not supported for chronic pain, and is therefore determined to not be medically necessary.