

Case Number:	CM13-0040098		
Date Assigned:	12/20/2013	Date of Injury:	07/26/1999
Decision Date:	02/10/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 59-year-old female who reported an injury on 07/26/1999. The mechanism of injury was not provided. The patient was noted to try to reduce her antidepressant but was emotionally unstable and increased it back to the original dose. The Orthostim was noted to be reducing significant pain. The patient was noted to be on Vicodin for intense pain and Zanaflex for muscle spasm control. The patient was subjectively noted to have neck pain and decreased range of motion, upper back pain with radiation to both upper extremities, and low back pain with radiation to both legs. The patient's diagnoses were noted to include cervical strain with 3 mm disc protrusion, thoracic strain, overuse syndrome of both upper extremities, status post closed head injury with post traumatic headaches, and lumbar strain. The request was made for Orthostim unit with supplies and Vicodin ES # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthostim unit with supplies.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines (May 2009)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), Neuromuscular electrical stimulation (NMES devices).. Decision based on Non-MTUS Citation <http://www.vqorthocare.com/products/surgistim-4/>.

Decision rationale: The California MTUS Guidelines does not specifically address Orthostim; however, the Orthostim unit includes interferential current stimulation, neuromuscular electrical stimulation, and galvanic stimulation per VQ OrthoCare. However, CA MTUS Guidelines address each component. Interferential current stimulation is not recommended as an isolated intervention. Neuromuscular electrical stimulation is not recommended except as part of a rehabilitation program following a stroke, and galvanic stimulation including high voltage pulse stimulation is considered investigational. The clinical documentation submitted for review indicated the patient had been using the Orthostim unit to reduce significant back pain. Additionally, it indicated the request was for supplies only. However, there was a lack of documentation including the patient's functional response to the stimulation unit. Additionally, there was a lack of documentation indicating whether the request as submitted was correct, which indicates the request was for an Orthostim unit with supplies. Given the lack of documentation of functional improvement, and the lack of clarification, the request for Orthostim unit with supplies is not medically necessary.