

<b>Case Number:</b>	CM13-0043760		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/03/2013
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 & 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 46-year-old female who reported a work related injury on 04/03/2013, as the result of strain to the lumbar spine. The clinical notes evidence the patient presents for treatment of the following diagnoses, cervical sprain, thoracic sprain, lumbar sprain, and right shoulder sprain. The clinical note dated 10/25/2013 reports the patient was seen under the care of [REDACTED], the provider recommended the patient continue physical medicine modalities consisting of joint mobilization, manipulation, ultrasound, electrical muscle stimulation, and heat modalities times 12 office visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**An OrthoStim 4 (interferential stimulator) with supplies:** 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 120. Page(s): 120.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence specific rationale for the patient's utilization of this modality at this point in her treatment. California MTUS indicates interferential stimulation is not recommended

as an isolated intervention; however, if it is to be utilized anyways, the following criteria are to be met: pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects or history of substance abuse, or significant pain from postoperative conditions limits the ability to perform exercise program/physical therapy, or unresponsiveness to conservative measures, then a 1 month trial may be appropriate to with the physician and physical medicine provider to study the effects and benefits. The clinical notes fail to document the patient had utilized all lower levels of conservative treatment as well as trial of this intervention for her chronic pain complaints. Given all of the above, the request for OrthoStim 4 (inferential stimulator) with supplies is not medically necessary or appropriate.