

Case Number:	CM13-0044763		
Date Assigned:	12/27/2013	Date of Injury:	03/02/2013
Decision Date:	03/10/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/01/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 67-year-old female who reported a work-related injury on 03/02/2013, as a result of strain to the lumbar spine. The patient presented for treatment of the following diagnoses: lumbar spine sprain/strain, cervical spine sprain/strain, bilateral shoulders sprain/strain, bilateral knee contusion, and right hip sprain/strain. A medical legal report by [REDACTED] dated 01/17/2014 reported the patient presented with multiple bodily injury pain complaints. The provider documented, status post a work-related injury, she had completed 12 occupational therapy sessions and 6 acupuncture sessions to the cervical spine, lumbar spine, bilateral shoulders, and bilateral knee. The provider had requested OrthoStim to decrease the patient's pain and spasms and increase activities of daily living and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

OrthoStim (OS4) unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy. Page(s): 116.

Decision rationale: TENS unit should be documented as an adjunct to an ongoing treatment modality within a functional approach with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function, rental would be preferred over purchase during this trial. The clinical notes failed to evidence the patient had utilized a course of a trial of this modality prior to the current request for purchase of this intervention. Given all the above, the request for OrthoStim (OS4) unit is not medically necessary or appropriate.