

<b>Case Number:</b>	CM13-0048735		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/31/2012
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 applicant is represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 31, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; at least 24 prior sessions of physical therapy; and adjuvant medications; and opioid therapy. In a utilization review report dated October 28, 2013, the claims administrator denied a request for multiple modality OrthoStim interferential stimulator units. The applicant's attorney subsequently appealed. In a progress note dated October 22, 2013, the applicant was described as reporting persistent, 7/10 low back pain. The applicant had failed epidural steroid injections and trigger point injections, it was noted. The applicant was having superimposed issues with anxiety, depression, and mood swings. The applicant was not working, was receiving indemnity benefits, it was further noted. Neurontin was apparently endorsed on a trial basis. An interferential stimulator unit was sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ORTHOSTIM/IF UNIT & SUPPLIES (RENTAL OR PURCHASE):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Galvanic Stimulation topic. Neuromuscular Electrical Stimulation topic Page(s): 117, 121. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Product description.

**Decision rationale:** Based on the product description, the OrthoStim device is a multimodality stimulator, which includes galvanic stimulation, interferential stimulation, neuromuscular stimulation, and pulsed direct current stimulation. Several modalities in the device, however, carry unfavorable recommendations in the MTUS Chronic Pain Medical Treatment Guidelines. For instance, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that nervomuscular stimulation is not recommended outside of the post-stroke rehabilitation context. Nervomuscular stimulation is not recommended in the chronic pain context present here, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes. Similarly, page 117 of the MTUS Chronic Pain Medical Treatment Guidelines notes that galvanic stimulation/high voltage stimulation, another modality in the device, is likewise not recommended or considered investigational for all indications. Since one or more modalities in the device are not recommended, the entire device is considered not recommended. Therefore, the request is not medically necessary.