

Case Number:	CM13-0065433		
Date Assigned:	01/03/2014	Date of Injury:	03/10/2013
Decision Date:	04/09/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/13/2013

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 Anesthesia has a subspecialty in Acupuncture & Pain 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:

The Patient is a 45 year old female injured worker with date of injury 3/10/13 to the back, neck, and shoulders. MRI of the cervical spine dated 9/27/13 revealed "1. At C3- C4, there is a 2 mm midline disc protrusion with a mild degree of central canal narrowing. There is also biforaminal uncovertebral bony hypertrophy at this level resulting in mild narrowing of the neural foramina bilaterally." MRI of the lumbar spine dated 9/27/13 revealed " 1. Mild scoliotic curvature of the lumbar spine. 2. There is a 1 mm midline disc bulge at L4-L5 with no neural abutment or central canal narrowing. 3. There is no disc protrusion. Incidental note is made of a markedly enlarged heterogenous uterus with evidence of multiple uterine masses. Dedicated ultrasound imaging of the pelvis is recommended. OB/GYN consultation is recommended. 5. Incidental note is made of T2 hyperintense masses involving the kidneys bilaterally, which may represent renal cyst. Correlation with renal ultrasound imaging is recommended." Per 11/4/13 visit note, the injured worker was doing well with acupuncture and chiropractic that allowed the patient to increase activities of daily living and motion. She has been treated with medication management including baclofen, motrin, and tramadol. The date of UR decision was 11/19/13

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOSTIM 4 UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) and Neuromuscular electri. Decision based on Non-MTUS Citation Galvanic stimulation (BLUE CROSS BLUE SHIELD,2005),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy and Neuromuscular electrical stimulation (NMES devices)
Page(s): 1.

Decision rationale: The Physician Reviewer's decision rationale: The OrthoStim 4 unit delivers multiple types of electrical stimulation which are not recommended by the MTUS CPMTG. 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. There are no intervention trials suggesting benefit from NMES for chronic pain." Galvanic stimulation is not recommended. "Considered investigational for all indications." 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." The documentation submitted for review do not indicate additional treatment in the form of exercise or a return to work. MTUS recommends against NMES, galvanic stimulation, and interferential current systems as isolated modalities. The request is not medically necessary