

Case Number:	CM13-0068491		
Date Assigned:	01/03/2014	Date of Injury:	02/23/2012
Decision Date:	04/23/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/19/2013

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 Physical Medicine and Rehabilitation 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 patient is a 43-year-old female who reported an injury on 02/23/2012. The patient was injured secondary to repetitive work activity. The patient is currently diagnosed with right hip sprain, right knee sprain, and right wrist sprain. The patient was seen by [REDACTED] on 12/04/2013. The patient reported greater than 50% to 60% improvement following an L4-S1 medial branch nerve block. Physical examination on that date revealed tenderness to palpation with spasm and guarding of the lumbar and thoracic spine, positive Kemp's testing, and diminished range of motion. Treatment recommendations at that time included continuation of acupuncture treatment twice per week for 3 weeks as well as an OrthoStim unit with a conductive garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE (6 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state that acupuncture is used as an option when medication is reduced or not tolerated, and may be used as an adjunct to physical

rehabilitation and/or surgical intervention. Acupuncture treatment may be extended if functional improvement is documented. As per the documentation submitted, the patient has participated in acupuncture therapy. However, there is no evidence of objective functional improvement following the initial course of treatment. Therefore, additional treatment cannot be determined as medically appropriate and the requested additional acupuncture sessions are not medically necessary or appropriate at this time.

AN ORTHOSTIM UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 167.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: The OrthoStim unit is a combination device that provides interferential current stimulation, neuromuscular electrical stimulation, and galvanic current stimulation. The California MTUS Guidelines state that interferential current stimulation is not recommended as an isolated intervention. There should be documentation that pain is ineffectively controlled due to diminished effectiveness of medications or side effects, a history of substance abuse, or significant pain from postoperative conditions. Neuromuscular electrical stimulation is not recommended, and is used primarily as part of a rehabilitation program following stroke without any evidence to support its use in chronic pain. There is no documentation of a successful one month trial prior to the request for a purchase. There is also no evidence of a failure to respond to other conservative treatment, including TENS therapy. Based on the clinical information received and the California MTUS Guidelines, the requested OrthoStim unit is not medically necessary or appropriate.

A CONDUCTIVE GARMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary item (OrthoStim unit) is not medically necessary, none of the associated services are medically necessary.