

<b>Case Number:</b>	CM13-0068727		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/21/2011
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Anesthesiology, has a subspecialty in Pain Medicine 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 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 injured worker is a 57-year-old male who reported an injury on 03/21/2011. The mechanism of injury was not provided. Current diagnosis is lumbar spine sprain. The injured worker was evaluated on 11/20/2013. The injured worker reported ongoing neck and lower back pain. Physical examination revealed decreased lumbar range of motion, positive straight leg raising, tenderness to palpation of the cervical spine, and positive Spurling's maneuver. Treatment recommendations at that time included authorization for an OrthoStim unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ORTHOSTIM 4 EMS UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 114-121.

**Decision rationale:** The OrthoStim 4 unit is a multi-modality stimulator. California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered as a noninvasive conservative option. There should be evidence that other appropriate pain modalities have been tried and failed. As per the documentation submitted, there is no indication of a failure to respond to

appropriate pain modalities. There is no evidence of a successful 1-month trial prior to the request for a unit purchase. There is also no evidence of a treatment plan, including the specific short and long-term goals of treatment with the unit. Therefore, the request is medically necessary and appropriate.

**(RETROSPECTIVE WITH A DOS 11/20/2013) FOR (ROM) RANGE OF MOTION TRUNK-SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** ACOEM Practice Guidelines state a number of functional assessment tools are available, including Functional Capacity Examinations and video tapes, when re-assessing function and functional recovery. The medical necessity for the requested range of motion evaluation has not been established. Therefore, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary.