

Case Number:	CM13-0072433		
Date Assigned:	01/03/2014	Date of Injury:	04/01/2013
Decision Date:	05/30/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/31/2013

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 Anesthesia, has a subspecialty in Acupuncture & 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:

This is a 56 year old female injured worker with date of injury 4/1/13 with related low back pain. Per report dated 11/14/13, the patient complained of left shoulder pain and low back pain Final Determination Letter for IMR Case Number [REDACTED] radiating to the lower extremities. On examination of the left shoulder, there was tenderness over the subacromial space, supraspinatus tendon, and posterior musculature. Impingement test was positive. On examination of the lumbar spine, there was tenderness with evidence of muscle spasm and muscle guarding over the paraspinal muscles bilaterally and lumbosacral junction. Straight leg raising both seated and supine position elicited low back pain only. Neurological examination showed a diminished sensation to light touch along the L5 dermatome bilaterally. There was trace deep tendon reflex in the bilateral Achilles tendon, and left patellar reflex and 1+ on the right patellar reflex. She was diagnosed with left shoulder sprain and strain; impingement syndrome and lumbar spine musculoligamentous sprain and strain. She was refractory to physical therapy and medication management. The date of UR decision was 12/20/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHO STIM 3: Upheld

Claims Administrator guideline: The Claims Administrator based its decision on the CA MTUS 2009: 9792.24.2 Chronic Pain Medical Treatment Guidelines, Page 120-121, Neuromuscular electrical stimulation (NMES devices) and page 117, Galvanic Stimulation, Page 120 – Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy Page(s): 117, 118, and 121.

Decision rationale: The OrthoStim 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 does 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.