

Case Number:	CM14-0013891		
Date Assigned:	09/15/2014	Date of Injury:	05/02/2013
Decision Date:	10/29/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	02/03/2014

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, 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 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 female with a reported injury on 05/02/2013. The mechanism of injury was a slip and fall. The injured worker's diagnoses included lumbosacral sprain and muscle spasms of the back. The injured worker's past treatments included medications, home exercise program, and chiropractic care. The injured worker's diagnostic testing included a lumbar spine MRI on 11/15/2013 which revealed mild discogenic disease at L3-4 and L5-S1, moderate to advanced changes of degenerative hypertrophic facet arthropathy from L3-S1 which was severe at L4-5 and associated with grade 1 anterolisthesis. In addition, mild asymmetric inflammatory changes of the right facet joint are present at L4-5. Mild central spinal stenosis was noted at L4-5. No pertinent surgical history was provided. The injured worker was evaluated on 11/06/2013 for complaints of low back pain described as sharp and dull. The injured worker rated her pain at 9/10 and constant. Her pain was exacerbated by motion and lessened by rest. The clinician observed and reported a normal gait with full weight bearing on both lower extremities. The injured worker had normal posture. There was no weakness of the lower extremities. The spine was not kyphotic. There was no evidence of erythema, ecchymosis, scars, swelling, masses or open wounds on examination of the thoracolumbar region. No scoliosis was noted. No loss of lumbosacral lordosis was noted. The pelvis was symmetrical. There were spasms of the thoracolumbar spine and paravertebral muscles. There was tenderness of the thoracolumbar spine and paravertebral musculature. Range of motion of the back was restricted, flexion with the fingertips approximating the knee, extension 22/30 degrees, lateral flexion bilaterally measured at 33/45 degrees, and lateral rotation measured bilaterally at 22/ 30 degrees. The injured worker was able to heel and toe walk. Bilateral patellar and Achilles deep tendon reflexes were measured at 2/4. Sensation was intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. The straight leg

raise was negative. The back muscles displayed no weakness. The injured worker's medications included etodolac ER 600 mg once daily with food for pain and inflammation. The request was for Orthostim4 home electrical muscle stimulator unit. No rationale for this request was provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthostim4 home electrical muscle stimulator unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 117, 120-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119.

Decision rationale: The injured worker did continue to complain of low back pain. The California MTUS Chronic Pain Guidelines do not recommend interferential current stimulation as an isolated intervention. There is no quality 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. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to frequency of stimulation, the pulse duration treatment time and electrode placement technique. The documentation provided indicated the injured worker had chiropractic care but not ongoing physical therapy. No documentation of a trial of the electrical muscular stimulator was provided. The request does not include the body part or parts for which this interferential unit was to have been applied, nor were there any parameters for frequency of stimulation, pulse duration, treatment time, or electrode placement. Therefore, the request for Orthostim4 home electrical muscle stimulator unit is not medically necessary.