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| Case Number: | CM14-0016008 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 05/21/1998 |
| Decision Date: | 08/05/2014 | UR Denial Date: | 01/29/2014 |
| Priority: | Standard | Application Received: | 02/07/2014 |

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 & Rehabilitation and is licensed to practice in California and Washington. 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 51-year-old female with a reported date of injury on 05/21/1998. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include cervical/trapezial musculoligamentous sprain/strain, thoracolumbar musculoligamentous sprain/strain, and major depression. Her previous treatments were noted to include home exercise program, aquatic therapy, ice, and heat. The progress note dated 11/27/2012 reported the injured worker revealed completion of 8 sessions of aquatic therapy and reported increased range of motion and flexibility. The physical examination revealed flexion was to 52 degrees, extension was to 14 degrees, right side bending was 17 degrees, and left side bending was to 18 degrees. The progress note dated 01/10/2013 reported the injured worker complained of neck and low back pain. The physical examination of the cervical spine revealed residual tenderness along the cervical paravertebral and upper trapezial musculature with attended slight hypertonicity/muscle guarding along the presence of the bilateral upper trapezial myofascial trigger points. Spurling's maneuver lead to complaints of increased neck pain; only absent was a radicular component. The range of motion of the cervical spine was to 42 degrees, extension was to 38 degrees, right rotation was to 50 degrees, left rotation was to 48 degrees, right lateral flexion was to 32 degrees, and left lateral flexion was to 34 degrees. The physical examination of the thoracolumbar spine noted palpation elicited decreased tenderness along the thoracic and lumbar paravertebral musculature extending to the lumbosacral junction with associated slight hypertonicity/muscle guarding, right greater than left. The straight leg testing revealed complaints of increased low back pain; only absent was a radicular component. The range of motion to the lumbar spine was noted as flexion was to 54 degrees, extension was to 16 degrees, right side bending was to 18 degrees, and left side bending was to 20 degrees. The neurological examination revealed sensation intact to pinprick and light touch in the bilateral lower

extremities, motor strength testing was rated 5/5, and deep tendon reflexes were equal bilaterally. The request for authorization form was not submitted within the medical records. The request is for durable medical equipment: OrthoStim4 unit purchase; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: ORTHO STIM 4 UNIT PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS - TRANSCUTANEOUS ELECTROTHERAPY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Galvanic Stimulation, interferential Current Stimulation, Neuromuscular electrical stimulation Page(s): 117, 118, 121.

Decision rationale: The injured worker has utilized aquatic therapy and medications. The OrthoStim4 consists of interferential stimulation, neuromuscular electrical stimulation, and high voltage pulsed current stimulation. The California Chronic Pain Medical Treatment Guidelines do not recommend galvanic stimulation. Galvanic stimulation is characterized by high voltage, pulsed simulation and is used primarily for local edema reaction through muscle pumping and polarity effect. The theory of galvanic stimulation is that by placing a negative electrode over the edematous site and a positive electrode at a distant site, the monophasic high voltage stimulus applies an electrical potential which disperses the negatively charged proteins away from the edematous site, thereby helping to reduce edema. The guidelines do not recommend interferential current stimulation as an isolated intervention. There is no quality evidence of effectiveness except conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The guidelines do not recommend neuromuscular electrical stimulation. Neuromuscular electrical stimulation is used primarily as part of a rehabilitation program following a stroke and there is no evidence to support its use in chronic pain. There is a lack of documentation with a recent, adequate, and complete assessment submitted within the medical records. Additionally, the guidelines do not recommend 2 out of 3 components of the OrthoStim4 unit, as well as a recommended 30-day trial for a TENS unit is recommended over purchase. Therefore, the request is not medically necessary and appropriate.