

<b>Case Number:</b>	CM14-0016936		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Occupational 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 patient is an employee of [REDACTED] and has submitted a claim for cervical and lumbar discopathy, and severe cervicgia associated with an industrial injury date of October 18, 2012. The treatment to date has included intramuscular injection of Toradol, and medications such as Naproxen, Cyclobenzaprine, Omeprazole and LenzaGel. The utilization review from January 17, 2014 denied the request for Stim-4 stimulator because there was no clear documentation of its indication for use. It is unknown if the patient has received physical therapy or failed a trial of TENS unit. Medical records from the 2013 showed that the patient complained of persistent pain of low back and neck associated with headaches. Pain was aggravated by repetitive motions of the neck or prolonged positioning. She had difficulty pushing, pulling, lifting, forward reaching, and working above the shoulder level. Physical examination showed tenderness and muscle spasm at the paracervical, paralumbar, and upper trapezius. Pain was present with terminal motion of the lumbar spine. Axial loading compression test, Spurling's maneuver, and seated nerve root tests were positive. There was painful and restricted cervical range of motion. Sensation was decreased at C5 to C7, right L5 and right S1 dermatomes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**STIM 4 STIMULATOR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy; H-Wave Stimulation; NMES Page(s): 114; 117-118; 121.

**Decision rationale:** Per the website of [REDACTED], the OrthoStim4 combines interferential, TENS, NMS/EMS, and galvanic therapies into one unit to "help enhance pain relief, and promote positive outcomes." Multiple claims are made regarding effectiveness without citing specific studies. Chronic Pain Medical Treatment Guidelines page 114 discusses TENS as opposed to multiple other devices. It does not consistently recommend interferential, NMS, and galvanic electrotherapy (pages 117-118, and 121). In this case, the patient has been complaining of chronic low back and neck pain. The rationale given for this request is for generalized pain relief. However, there is no documentation of a rationale identifying why a combined electrotherapy unit would be required as opposed to a TENS unit. In addition, the details concerning the use of this unit in terms of duration and frequency as well as treatment response were not documented. Therefore, the request for Stim 4 Stimulator is not medically necessary.