

Case Number:	CM14-0018711		
Date Assigned:	04/18/2014	Date of Injury:	08/02/2012
Decision Date:	07/02/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/13/2014

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, has a subspecialty in Interventional Spine, 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 case involves a 49 year-old female who was injured on 8/2/12 when she accidentally closed the cashier drawer on her left little finger. She has been diagnosed with cervical strain, lumbar sprain and right wrist sprain. According to the 1/13/14 initial orthopedic report from [REDACTED], the patient presents with neck, low back and bilateral wrist/hand pain and sleeping difficulty due to pain. [REDACTED] recommended a OrthoStim4.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOSTIM 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION (ICS) Page(s): 117-118, 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FOR TENS Page(s): 114-121.

Decision rationale: According to the 1/13/14 initial orthopedic report from [REDACTED], the patient presents with neck, low back and bilateral wrist/hand pain and sleeping difficulty due to pain. I have been asked to review for an OrthoStim 4 device. The OrthoStim 4 unit is a multi-modality electrical stimulator that does high volt pulsed current (Galvanic), Interferential current

(IFC), neuromuscular electrical stimulation (NMES), and pulsed DC. MTUS guideline addresses the individual types of stimulation separately. MTUS states interferential stimulation can be used when pain is ineffectively controlled due to diminished effectiveness of medications, or if there are side effects or history of substance abuse or unresponsive to conservative measures. There is no discussion of failure of medications, or substance abuse or what conservative measures were ineffective. The patient does not meet the MTUS requirements for interferential therapy. MTUS specifically states that NMES and/or Galvanic therapy are not recommended. The NMES, IF and galvanic currents are part of the OrthoStim4 unit, and are not in accordance with MTUS guidelines. I am unable to authorize partial certification for the IMR process, and it is not possible to partially certify certain components of a single multi-stim unit, so the whole OrthoStim4 unit cannot be recommended.