

<b>Case Number:</b>	CM14-0018919		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	07/10/2013
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Orthopedic Surgery has a subspecialty in Fellowship Trained Spine Surgery and is licensed to practice in Texas. 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 63-year-old female who sustained injuries to her neck, shoulders and low back on 10/07/13. The mechanism of injury was not documented. The injured worker has utilized Voltaren gel, Omeprazole, Fexmid. It was reported that despite prior medications, treatment with physical therapy and acupuncture visits, the patient continues to complain of ongoing pain. The patient was diagnosed with a cervical spine muscular ligamentous sprain/strain with left upper extremity radiculitis, lumbar spine pain muscular ligamentous sprain/strain and left shoulder parascapular strain/ tendinitis/ impingement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ORTHOSTIM 4 UNIT X 2 MONTHS WITH ELECTRODES X 8 PKS, POWER PACK BATTERIES X24, ADHESIVE REMOVER WIPES X32 AND LEAD WIRES X2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATORS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, CHRONIC PAIN Page(s): 114.

**Decision rationale:** The previous request was denied on the basis that the requested device is an ortho stem for unit which is a combination of tens, interferential current, galvanic and NMES.

The MTUS Guidelines does not support the use of galvanic stimulation and this is considered investigational for all conditions. The guidelines note that NMES is not supported for the treatment of chronic pain. Additionally, there's no limit there's limited documentation of the specific device in the clinical setting to support me for home use. Given the clinical documentation submitted for review, medical necessity of the request for orthostim 4 unit x 2 months with electrodes x 8 pks, power pack batteries x 24, adhesive remover wipes x 32 and lead wires x 2 has not been established. The request for orthostim 4 unit x 2 months with electrodes x 8 pks, power pack batteries x 24, adhesive remover wipes x 32 and lead wires x 2 is not medically necessary.