

<b>Case Number:</b>	CM14-0174055		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	12/02/1996
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 55-year-old female with a 12/2/96 date of injury, when she fell and injured her lower back. The patient underwent L4-L5 and L5-S1 lumbar fusion surgery in 1998. The progress notes indicated that the patient was utilizing OrthoStim unit at least from 2011. The patient was seen on 10/20/14 with complaints of pain in the neck, back and knee. Exam findings revealed tenderness to palpation over cervical and lumbar facets, positive facet loading in cervical and lumbar region and painful limited range of motion of the cervical and lumbar spine. The diagnosis is lumbar radiculopathy and osteoarthritis, postlaminectomy syndrome, cervical spondylosis, cervicalgia and opioid dependence. Treatment to date: laminectomy, Lumbar Epidural Steroid Injection (LESI), cervical medical branch blocks, cervical radiofrequency ablation, PT, work restrictions and medications. An adverse determination was received on 10/14/14 given that the patient was utilizing OrthoStim unit since 2005 and there was a lack of documentation indicating functional improvement, decrease in pain or decrease in medication use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OrthroStim unit and supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Transcutaneous electrotherapy Page(s): 114-116.

**Decision rationale:** The OrthoStim 4 unit incorporates interferential, TENS, NMS/EMS, and galvanic therapies into one unit. CA MTUS does not consistently recommend interferential, NMS, and galvanic electrotherapy. CA MTUS Chronic Pain Medical Treatment Guidelines Page 114 discusses TENS as opposed to multiple other devices, such as H-wave stimulation (devices), Interferential Current Stimulation, Microcurrent electrical stimulation (MENS devices), RS-4i sequential stimulator, Electroceutical Therapy (bioelectric nerve block), Neuromuscular electrical stimulation (NMES devices), Sympathetic therapy, Dynatron STS. However the progress notes indicated that the patient was utilizing OrthoStim unit at least from 2011 (2005 per reviewer's notes), there is a lack of documentation indicating subjective and objective functional gains from prior use. In addition, there is no documentation of a rationale identifying why a combined electrotherapy unit would be required as opposed to a TENS unit. Therefore, the request for an OrthoStim unit and supplies was not medically necessary.