MAXIMUS Federal Services

| Case Number: | CM14-0055265 | | |
|---|---|---|---|
| Date Assigned: | 07/07/2014 | Date of Injury: | 08/25/2011 |
| Decision Date: | 09/08/2014 | UR Denial Date: | 04/03/2014 |
| Priority: | Standard | Application Received: | 04/24/2014 |

## 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:

There were 56 pages provided for review. The application for independent medical review form was signed on April 23, 2014. The item that was denied or modified was an Ortho Stim 4 unit.The date of injury was March 25, 2011. The non-certification was issued on April 3, 2014. The primary diagnoses were neck sprain and strain. There was also spinal stenosis in the lumbar region and lumbar strain and sprain. This claimant reportedly slipped on a wet surface on August 25, 2011 and fell backwards striking the left shoulder and head against the door. There was also alleged cumulative trauma from 2005 to 2011. On exam, there is tenderness over the low back, left sacroiliac joint, and the left buttocks. There was mention of x-rays and medications as well as physical therapy. There was also a six-month course of chiropractic treatment. The qualified medical examiner recommended aquatic therapy, physical therapy and an electrical muscle stimulation unit. This-multi stimulator unit contains interferential, current, galvanic and neuromuscular forms of stimulation. There was a Doctor's First Report of Occupational Injury or Illness. In 2012, she began working for a California hospital on a part-time basis. Subjective complaints included left shoulder blade pain, left lower extremity pain radiating from the low back, mid back pain, lower back pain and left buttocks pain. There was neck pain, history of head trauma and a history of hypertension. The neurologic exam was normal. The diagnoses here were cervical spine strain, left shoulder strain, thoracic spine strain and lumbar strain. This visit was not dated. The medicines were Norco for the treatment of chronic pain syndrome. It is noted on March 20, 2014 that many forms of treatment were requested, including acupuncture, home interferential unit Ortho Stim 4, MRI studies of the neck and lumbar, EMG and nerve conduction velocity studies, and Norco.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ortho Stim4 unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under NMES units.

**Decision rationale:** This unit is a combination of several electrical stimulation modalities, including TENS, and NMES. The MTUS notes that TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below.- Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005)- Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985)- Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) - Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007)I did not find in these records that the claimant had these conditions. Also, an outright purchase is not supported, but a monitored one month trial, to insure there is objective, functional improvement. In the trial, there must be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. There was no evidence of such in these records. Moreover, the proposed unit would use NMES as well. The evidence-based synopsis in the Official Disability Duration guidelines do not give Neuromuscular Electrical Stimulation devices a recommended rating but place it as 'under study' in a supervised physical therapy setting for post-stroke rehabilitation, but not as a purchase in a home use setting for a musculoskeletal injury. Finally, it was not clear from the records why all of the forms or electrical stimulation provided in this unit was essential for care. Only two are discussed above. For this and the above reasons, the request for a full purchase of the OrthoStim 4 is not medically necessary.