

<b>Case Number:</b>	CM14-0071651		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 and 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 patient is a 31 year old male with an injury date of 12/03/12. Based on the 04/17/14 progress report provided by [REDACTED] the patient complains of low back pain, neck pain, headaches, anxiety, memory loss and hearing loss. Examination of the cervical spine reveals tenderness to palpation with associated muscle guarding over the paraspinal musculature with decreased range of motion. Lumbar spine reveals tenderness to palpation with associated muscle guarding over the paraspinal musculature and lumbosacral junction, as well as over the right sacroiliac joint. Straight leg raising test is negative but elicits increased localized back pain, bilaterally. Sacroiliac stress test is positive on the right. Diagnosis: 1. Lumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis 2. Cervical musculoligamentous sprain/strain 3. Headaches, memory loss and hearing difficulty 4. Anxiety X-Ray findings: The cervical spine revealed a decrease in the lordotic curvature. The lumbar spine films revealed a decrease in the disc height at the L5-S1 with minimal retrolisthesis of L5 on S1. [REDACTED] is requesting for OrthoStim 4/Interferential Stimulator and supplies for two (2) months. The utilization review determination being challenged is dated 05/09/14. The rationale is that in the case of this patient, there are no indications at all for the use of galvanic current. In addition, there are no indications for the use of NMES. NMES is used primarily as a part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. In addition, there are no indications that the patient has failed a trial of prescription medications. [REDACTED] is the requesting provider, and he provided treatment reports from 12/03/12 - 06/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OrthoStim 4/Interferential Stimulator and Supplies for Two (2) months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation; Galvanic Stimulation; Neuromuscular Electrical Stimulation (NMES) Devices.

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

**Decision rationale:** This patient presents with Lumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis, cervical musculoligamentous sprain/strain, headaches, memory loss, hearing difficulty and anxiety. The request is for OrthoStim 4/Interferential Stimulator and supplies for two (2) months. Per treater report dated 04/17/14, patient will be attending physical therapy two times per week for four weeks to decrease symptoms and increase his range of motion. MTUS (p118-120) states "Interferential Current Stimulation (ICS) Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine:- Pain is ineffectively controlled due to diminished effectiveness of medications; or- Pain is ineffectively controlled with medications due to side effects; or- History of substance abuse; or- Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)"Review of progress reports does not show documentation of patient's medication use, history of substance abuse, operative condition, nor unresponsiveness to conservative measures. Documentation to support MTUS criteria have not been met. Therefore, this request is not medically necessary.