

<b>Case Number:</b>	CM14-0073204		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/21/2014
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 patient is a 53-year-old male with date of injury 3/21/14. The treating physician report dated 5/14/14 indicates that the patient presents with pain affecting the cervical spine with associated headaches rated a 9-10/10, facial pain, left lower extremity pain and lower back pain. The physical examination findings show tenderness affecting the cervical spine and illegible findings that appear to be decreased cervical ranges of motion. The current diagnoses are: 1.Facial contusion. 2.Head trauma no level of consciousness (LOC). 3.Tibia contusion. 4.Cervical, and lumbar sprain/strain. The utilization review report dated 5/13/14 denied the request for Orthostim 4 interferential stimulator unit based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Orthostim4/inferential stimulator unit (through express care): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 167, 173. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

**Decision rationale:** The patient presents with acute pain affecting the cervical spine, lumbar spine, lower left leg, face and head. The current request is for 1 Orthostim4/inferential stimulator unit (through express care). There are two reports submitted today for review. The treating physician report dated 5/14/14 states, "Treatment plan: Continue chiropractic therapy, continue home exercises, pending Orthostim 4, pending neuro and f/u on 6/11/14." There is no other information provided explaining the medical necessity of the current request. The MTUS Guidelines do not recommend interferential current stimulation (ICS). MTUS goes on to say that if ICS is decided to be used the criteria should be based on after effectiveness is proven by a physician or licensed provider of physical medicine when chronic pain is ineffectively controlled with medications, history of substance abuse or from significant post-operative conditions. In this case the treating physician has not provided any information to indicate that a trial of interferential current stimulation is warranted and MTUS does not support this modality. Therefore the request for 1 Orthostim4/inferential stimulator unit (through express care) is not medically necessary and appropriate.