

Case Number:	CM14-0077480		
Date Assigned:	07/18/2014	Date of Injury:	02/23/2013
Decision Date:	09/08/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/28/2014

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 25-year-old female patient with a 2/23/13 date of injury. She injured herself while trying to lift a silverware tube weighing approximately 50 pounds and felt lower back pain radiating to the left leg. A progress report dated on 4/9/14 indicated that the patient complained of lower back pain radiating to the posterior aspect of the left knee associated with numbness and tingling. Objective findings revealed tenderness to palpation over the lumbar paraspinal musculature, lumbosacral junction, left sciatic notch and a left sacroiliac joint. There was decreased range of motion on the lumbar spine. It was noted slightly decreased light touch sensation over the L5 nerve root distribution. She was diagnosed with lumbosacral musculoligamentous strain with left lower extremity radiculitis and left sacroiliac joint strain. The treatments to date include medication management, chiropractic treatment and physical treatment. There is documentation of a previous 5/7/14 adverse determination. The decision for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Electrical Muscle Stimulation Unit (OrthoStim 4 Unit): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 117, 120 -121.

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

Decision rationale: The Ortho Stim 4 units incorporates interferential, TENS, NMS/EMS, and galvanic therapies into one unit. However, there was no documentation of a rationale identifying why a combined electrotherapy unit would be required as opposed to a TENS unit. In addition, CA MTUS does not consistently recommend interferential, NMS, and galvanic electrotherapy. The patient presented with the pain in her lower back, radiating to the left leg. However, it was not clear whether this request is for a purchase or a rental. There was no specific rationale provided as to why this unit would be medically necessary despite the lack of guidelines support. In addition, CA MTUS does not recommend interferential, NMS, and galvanic electrotherapy. Therefore, the request for Home Electrical Muscle Stimulation Unit (OrthoStim 4 Unit) is not medically necessary.