MAXIMUS Federal Services

Case Number:	CM14-0080842		
Date Assigned:	07/18/2014	Date of Injury:	03/11/2013
Decision Date:	09/17/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/02/2014

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:

The patient is a 60-year-old female who has submitted a claim for displacement of lumbar intervertebral disc without myelopathy associated with an industrial injury date of March 11, 2013.Medical records from 2014 were reviewed, which showed that the patient complained of constant sharp pain in the lumbar region. No physical examination was provided on the progress notes. MRI of the lumbar spine demonstrated L5-S1 disc desiccation with minimal anterolisthesis with no central or lateral stenosis. Treatment to date has included medications, corticosteroid injection, medications, and physical therapy. Utilization review from May 22, 2014 denied the request for 2 Month Rental of an Orthostim 4 VQ Unit because Orthostim includes galvanic stimulation and Neuromuscular Electrical Stimulation (NMES) which are not guideline recommended and interferential unit which is not indicated in this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Month Rental of an ORTHOSTIM 4 VQ 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 TENS; H-Wave Stimulation Page(s): 114; 117-118.

Decision rationale: Per the website of [redacted] it states that the OrthoStim4 combines interferential, TENS, NMS/EMS, and galvanic therapies into one unit to "help enhance pain relief, and promote positive outcomes." Multiple claims are made regarding effectiveness without citing specific studies. CA MTUS Chronic Pain Medical Treatment Guidelines page 114 discusses TENS as opposed to multiple other devices. It does not consistently recommend interferential, neuro-muscular stimulation (NMS), and galvanic electrotherapy (pages 117-118, and 121). In this case, patient has persistent low back pain despite physical therapy, corticosteroid injections, and medications. However, there is no documentation of a rationale identifying why a combined electrotherapy unit would be required as opposed to a TENS unit. In addition, the details concerning the use of this unit in terms of frequency and expected treatment response were not documented. Therefore, the request for 2 Month Rental of an Orthostim 4 VQ Unit is not medically necessary.