

Case Number:	CM14-0091805		
Date Assigned:	07/25/2014	Date of Injury:	11/20/2013
Decision Date:	08/28/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/17/2014

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 63-year-old female with an injury date of 11/20/2013. According to the 12/09/2013 progress report, the patient complains of upper and lower back pain. Patient complains of limited back motion and describes the pain as being extremely severe. The patient also complains of sharp left knee pain. Upon examination, there is tenderness of the thoracolumbar spine and paravertebral musculature. Range of motion of the back is restricted. It was also found that the left patella was tender. The patient's diagnoses include the following: 1. Sprain/strain of the lumbar spine. 2. Sprain/strain of the thoracic spine. 3. Contusion of the lower back. 4. Sprain/strain of the left knee/leg. 5. Pain of the back. 6. Pain of the left knee/patella. The request is for an OrthoStim unit. The utilization review determination being challenged is dated 06/02/2014. Treatment reports were provided from 11/20/2013 - 04/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OrthoStim Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: According to the 12/09/2013 progress report, the patient complains of back and knee pain. The request is for an OrthoStim unit. MTUS Guidelines do not support NMES for chronic pain. The MTUS Guidelines first recommend trying TENS unit. If TENS fails, a variety of other electrical units are supported including H-wave, interferential units. However, neuromuscular electrical stimulation devices are not recommended. Neuromuscular stimulation units are reserved for management of stroke patients. Request is not medically necessary.