

Case Number:	CM14-0099920		
Date Assigned:	09/16/2014	Date of Injury:	01/20/2010
Decision Date:	10/24/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/30/2014

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 57 year old female with an injury date on 01/20/2010. Based on the 05/07/2014 progress report provided by [REDACTED], the patient complains of neck pain radiating to the bilateral upper extremities and left knee pain. The progress report provided does not discuss any positive exam findings. The diagnoses include the following: 1. Cervical spine musculoligamentous sprain/strain with bilateral upper extremity radiculitis with 2 to 3-millimeter disc extrusion with annular tear at C4-C5 and 3-millimeter disc extrusion with annular tear and bilateral neuroforaminal stenosis at C5-C6, per MRI scan dated November 21, 2009. [REDACTED] is requesting for physical therapy: 12 sessions 3x4 and OrthoStim4. The utilization review determination being challenged is dated 06/13/2014. [REDACTED] is the requesting provider, and he provided one treatment report from 05/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy: 12 sessions 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the 05/07/2014 report by [REDACTED], this patient presents with neck pain radiating to the bilateral upper extremities and left knee pain. The treater is requesting for physical therapy: 12 sessions 3x4. This request was modified to 8 physical therapy visits, in treatment of the cervical spine by the 06/13/14 utilization review. MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended over 4 weeks. Review of the reports show no recent therapy treatments. The treater does not explain the reason for therapy and does not discuss treatment history. The UR modified the request to 8 sessions and per MTUS, up to 10 sessions may be allowed but not 12 sessions. Given the above the request is not medically necessary.

OrthoStim4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the 05/07/2014 report by [REDACTED], this patient presents with neck pain radiating to the bilateral upper extremities and left knee pain. The treater is requesting for OrthoStim4. The request is for an OrthoStim 4 unit. The OrthoStim 4 unit is a multi-modality electrical stimulator that does high volt pulsed current (Galvanic), Interferential current (IFC), neuromuscular electrical stimulation (NMES), and pulsed DC. MTUS guideline addresses the individual types of stimulation separately. MTUS states interferential stimulation can be used when pain is ineffectively controlled due to diminished effectiveness of medications, or if there are side effects or history of substance abuse or unresponsive to conservative measures. There is no discussion of failure of medications, or substance abuse or what conservative measures were ineffective. The patient does not meet the MTUS requirements for interferential therapy. MTUS specifically states that NMES and/or Galvanic therapy are not recommended. The NMES, IF and galvanic currents are part of the OrthoStim4 unit, and are not in accordance with MTUS guidelines. Given the above the request is not medically necessary.