

<b>Case Number:</b>	CM14-0191891		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	10/18/2004
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 62 year old male with an injury date of 10/18/04. Per physician's progress report dated 08/28/14, the patient complains of chronic pain in neck, upper back and bilateral shoulders rated at 5/10. Physical examination reveals tenderness and tightness in bilateral trapezius muscles. Neck rotation is limited to 80 degrees towards right and 70 degrees towards left. The patient is unable to lift his arms over the head and has 50% extension only. Current medications include Flexeril, Ibuprofen, Proair HFA, Lexapro, Bystolic, Lisinopril and OrthoStim pads. He received physical therapy "years ago" that helped. The patient underwent left shoulder dermatofibrosarcoma excision in 1997, as per the same report. X-ray of the Cervical Spine, 06/20/13, as per progress report dated 10/10/13: Moderate cervical spondylosis. Diagnoses, 08/28/14: - Patello-femoral syndrome- Shoulder impingement syndrome, right- Spondylolisthesis- Lumbar strain- Cervical strain. The treater is requesting for (a) referral to acupuncture (b) new Orthostim And Supplies # 100. The utilization review determination being challenged is dated 10/23/14. The rationale follows: (a) referral to acupuncture - "As such, the request for acupuncture (per RFA) is certified for six initial treatments." (b) New Orthostim and Supplies # 100 - It was denied based on guidelines that state "NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain." Treatment reports were provided from 08/22/13 to 08/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to Acupuncture:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation

[http://www.dir.ca.gov/dwc/DWCPropRegs/MedicalTreatmentUtilizationSchedule/MTUS\\_FinalCleanCopy.doc](http://www.dir.ca.gov/dwc/DWCPropRegs/MedicalTreatmentUtilizationSchedule/MTUS_FinalCleanCopy.doc) pg.13 of 127

**Decision rationale:** The patient presents with chronic pain in neck, upper back and bilateral shoulders rated at 5/10, as per progress report dated 08/28/14. The request is for referral to acupuncture. Regarding acupuncture, California MTUS allows trial of 3-6 sessions for neck, shoulder pains and with functional improvement, additional treatments. Available progress reports do not report prior acupuncture. In fact, in progress report dated 08/28/14, the treater states that the patient "now wants to try acupuncture." Given the patient's history of chronic neck and back pain, an initial trial of 3-6 sessions are reasonable but a consultation with an acupuncturist is not discussed in the guidelines nor is it necessary. The request is not medically necessary.

**New OrthoStim and supplies #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Interferential Current Stimulation (.).

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

**Decision rationale:** The patient presents with chronic pain in neck, upper back and bilateral shoulders rated at 5/10, as per progress report dated 08/28/14. The request is for New Orthostim and Supplies # 100. California MTUS Chronic Pain Medical Guidelines, pages 114-121, state that neuromuscular electrical stimulation devices such as OrthoStim are "Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain." For Interferential Current Stimulation (ICS), MTUS guidelines state that "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." These devices are recommended in cases where (1) Pain is ineffectively controlled due to diminished effectiveness of medications; or (2) Pain is ineffectively controlled with medications due to side effects; or (3) History of substance abuse; or (4) Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or (5) Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). In this case, the patient suffers from chronic neck and upper back pain. In progress report dated 08/28/14, the treater states that OrthoStim is "very effective in keeping him functioning." 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 guidelines address 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. As per progress report dated 08/28/14, the patient is taking medications such as Ibuprofen and Flexeril to manage pain. There is no discussion of failure of medications, or substance abuse. The treater also states that the patient had physical therapy in the past which was helpful. There is no evidence that 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 for chronic pain. The request is not medically necessary.