

Case Number:	CM14-0203431		
Date Assigned:	12/15/2014	Date of Injury:	10/08/2013
Decision Date:	02/04/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/05/2014

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 Internal 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:

This 65 year old male sustained work related industrial injuries on October 8, 2013. The mechanism of injury was not described. The injured worker subsequently complained of low back pain. The injured worker was diagnosed and treated for low back pain with lumbar radiculitis. Treatment consisted of diagnostic studies, prescribed medications, epidural steroid injections, physical therapy, consultations and periodic follow up visits. Per treating provider report dated November 13, 2014, physical exam revealed 60 degrees of flexion and 10 degrees of extension. Straight leg raising was positive bilaterally. Documentation noted a diagnosis of a 6mm herniated disc at L4-5, 5mm at L5-S1. Provider's treatment plan consisted of more nonoperative treatment and possible surgery. As of November 13, 2014, the injured worker remains temporarily totally disabled. The treating physician prescribed services for rental to purchase: orthostim4/IF unit and supplies, lead wire, electrodes, batteries, adhesive remover wipes for low back now under review. On November 21, 2014, the Utilization Review (UR) evaluated the prescription for rental to purchase: orthostim4/IF unit and supplies, lead wire, electrodes, batteries, adhesive remover wipes for low back requested on November 13, 2014. Upon review of the clinical information, UR non-certified the request for durable medical equipment, noting criteria was not met based on the recommendations of the MTUS guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental to Purchase: Orthostim4/If Unit and Supplies, Leadwire, Electrodes, Batteries, Adhesive Remover Wipes for Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS and Interferential Current Stimulation(ICS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 308-310,Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Electrical stimulators (E-stim) Page(s): 45, 114-121. Decision based on Non-MTUS Citation VQ OrthoCare <http://www.vqorthocare.com/products/orthostim-4-surgistim-4/>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that physical modalities such as diathermy, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308) states that TENS is not recommended. MTUS Chronic Pain Medical Treatment Guidelines addresses transcutaneous electrotherapy. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Interferential Current Stimulation (ICS) is 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. Neuromuscular electrical stimulation (NMES devices) is not recommended. Electroceutical Therapy (bioelectric nerve block) is not recommended. Galvanic Stimulation is not recommended. Microcurrent electrical stimulation (MENS devices) is not recommended. Medical records document lumbosacral back conditions. The patient has a diagnosis of low back pain with lumbar radiculitis. MTUS and ACOEM guidelines do not support the use of transcutaneous electrotherapy for low back conditions. Therefore, the request for an OrthoStim4 device is not supported by MTUS and ACOEM guidelines. Therefore, the request for Rental to Purchase: Orthostim4/If Unit and Supplies, Lead wire, Electrodes, Batteries, Adhesive Remover Wipes for Low Back is not medically necessary.