

Case Number:	CM14-0051312		
Date Assigned:	08/08/2014	Date of Injury:	06/04/2009
Decision Date:	04/16/2015	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Neurological Surgery

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 injured worker (IW) is a 67 year old female who sustained an industrial injury on 06/04/2009. She has reported neck and low back pain described as moderate, intermittent, aching, and burning with numbness and tingling. Secondary complaints were of left shoulder pain and right wrist pain and stiffness. Diagnoses include cervical spine strain/sprain, left upper extremity radiculitis, and a disc protrusion, lumbar spine sprain/strain with radiculopathy, left shoulder sprain/strain, right wrist tenderness, and history of carpal tunnel release. Treatment to date includes chiropractic care and treatments that were reported to help relieve the neck and low back pain. In a progress note dated 02/04/2014 the treating provider reports decreased range of motion in the cervical and lumbar spines, and a straight leg test was positive on examination of the lumbar spine. The lumbar spine was also tender to palpation. There also was right wrist tenderness. On 03/12/2014 Utilization Review (UR) non-certified a request for OrthoStim 4 Stimulator (purchase), noting the there is no evidence to support all four modalities of this device which includes interferential current, galvanic current, and neuromuscular electrical stimulation. Electrical stimulation in chronic pain is not recommended as an isolated intervention. Interferential current stimulation was not recommended as an isolated intervention, and Galvanic current is considered investigational for all indications. There is no guideline support for direct pulsed current. The MTUS Chronic Pain, Neuromuscular electrical stimulation (NMES Devices), galvanic current for chronic pain reference was cited, Since the OrthoStim 4 stimulator purchase was not approved, UR noncertified the request for 1 Shipping & Handling Fee, one TT & SS Lead wire 24 Power Packs, 8 Packages of Electrodes and 32 Adhesive Remover Towels.

IMR ISSUES, DECISIONS AND RATIONALES

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

OrthoStim 4 Stimulator (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES Devices), Galvanic current for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Galvanic Stimulation, inferential current stimulation Page(s): 117, 118.

Decision rationale: The California MTUS guidelines do not recommend Galvanic stimulation as an isolated intervention. It is considered investigational for all indications. Inferential current stimulation is not recommended as an isolated intervention. The requested treatment: Orthstim 4 stimulator (purchase) is not medically necessary and appropriate.

8 Packages of Electrodes: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Orthstim 4 stimulator (purchase) is not medically necessary and appropriate, then the requested treatment: 8 packages of electrodes is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Orthstim 4 stimulator (purchase) is not medically necessary and appropriate, then the requested treatment: 8 packages of electrodes are not medically necessary and appropriate.

24 Power Packs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Orthstim 4 stimulator (purchase) is not medically necessary and appropriate, then the requested treatment: 24 power packs is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Orthstim 4 stimulator (purchase) is not medically necessary and appropriate, then the requested treatment: 24 power packs are not medically necessary and appropriate.

32 Adhesive Remover Towels: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Orthstim 4 stimulator (purchase) is not medically necessary and appropriate, then the requested treatment: 32 Adhesive Remover Towels are not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Orthstim 4 stimulator (purchase) is not medically necessary and appropriate, then the requested treatment: 32 Adhesive Remover Towels are not medically necessary and appropriate.

1 TT & SS Leadwire: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Orthstim 4 stimulator (purchase) is not medically necessary and appropriate, then the requested treatment: 1 TT & SS Leadwire is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Orthstim 4 stimulator (purchase) is not medically necessary and appropriate, then the requested treatment: 1 TT & SS Lead wire is not medically necessary and appropriate.