

<b>Case Number:</b>	CM14-0084482		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 is a 43 year old female, who sustained an industrial injury on 6/4/13. The injured worker has complaints of neck pain with stiffness with tenderness at C5 to T2. The diagnoses have included cervical spine sprain/strain with mild stenosis. Some of the progress report was illegible secondary to being hand written. According to the utilization review performed on 5/28/14, the requested OS4 Unit purchase has been non-certified. California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines were used in the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OS4 Unit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Page(s): 148-155.

**Decision rationale:** The OrthoStim 4 unit delivers neuromuscular electrical stimulation that is not recommended by guidelines for treatment of chronic pain as there are no trials showing efficacy. In this case, the patient suffers from chronic cervical and shoulder pain. There is no mention of a previous trial of this modality with associated functional or clinical gains. Thus the request to purchase an OS 4 unit is not medically appropriate and necessary.