

<b>Case Number:</b>	CM15-0005247		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	12/01/2012
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49 year old female who sustained a work injury on December 1, 2012, where she sustained injuries to the cervical and lumbar spine and elbows. She worked as fitness trainer. Treatment included anti-inflammatory medications, acupuncture, chiropractic adjustments, and lumbar support. Diagnoses included cervical subluxation, bilateral rib strain, right elbow strain, wrists sprains, and degenerative joint disease. Currently, the injured worker complains of constant neck pain and mid and low back pain with numbness and tingling radiating into the lower extremities. The pain is increased with prolonged standing, sitting or walking. On December 15, 2014, Utilization Review non-certified a request for Orthostim 4 unit, 7 month electro shipping, elect VQ ZIN, batteries, adhesive remover wipes, LD wires, electrodes lumbar wraps, spray conductive mist 60 ML, garment electrodes for dates of service October 16, 2013, February 15, 2014, March 10, 2014, April 30, 2014, July 18, 2014 and August 27, 2014, noting the California MTUS Chronic Pain Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthostim 4 Unit, 7 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120-127. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** The patient presents with bilateral wrist pain, neck pain and mid and low back pain with numbness and tingling radiating into the lower extremities. The current request is for Orthostim 4 unit, 7 months. The treating physician states that the patient has tried physical therapy, chiropractic care and acupuncture. The MTUS Guidelines do not recommend interferential current stimulation (ICS). MTUS goes on to say that if ICS is decided to be used the criteria should be based on after effectiveness is proven by a physician or licensed provider of physical medicine when chronic pain is ineffectively controlled with medications, history of substance abuse or from significant post-operative conditions. In this case the treating physician has not provided any information to indicate that a trial of interferential current stimulation is warranted and MTUS does not support this modality. Recommendation is for denial.

**Garment Electrode:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Form-Fitting TENS device Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** The patient presents with bilateral wrist pain, neck pain and mid and low back pain with numbness and tingling radiating into the lower extremities. The current request is for garment electrodes. The treating physician states that the patient has tried physical therapy, chiropractic care and acupuncture. The MTUS guidelines state for interferential current stimulation, while not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment. MTUS goes on to state, if those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. A jacket should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. The treating physician has not prescribed a one month trial and there is no documentation of the inability to apply the normal stimulation pads. The current request is not medically necessary and the recommendation is for denial.