

<b>Case Number:</b>	CM15-0102733		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	04/25/2006
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 63 year old male who sustained an industrial injury on April 25, 2006. He has reported pain to the cervical spine and low back and has been diagnosed with lumbago. Treatment has included medications. Examination of the cervical spine showed there was palpable paravertebral muscle tenderness with spasm. Spurling's maneuver was positive. Range of motion was limited with pain. Examination of the lumbar spine showed palpable paravertebral muscle tenderness with spasm. Seated nerve root test was positive. Standing flexion and extension were guarded and restricted. There was tingling and numbness in the lateral thigh, anterolateral and posterior leg as well as foot, L5 and S1 dermatomal patterns. The treatment request included a muscle stimulator, VQ orthocare orthostim 4 purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Muscle stimulator, VQ OrthoCare OrthoStim 4 purchase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): 119.

**Decision rationale:** This 63 year old male has complained of neck pain and low back pain since date of injury 4/25/06. He has been treated with medications. The current request is for muscle stimulator, VQ Orthocare OrthoStim 4 purchase. Per the MTUS guidelines cited above, interferential current stimulation 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, and limited evidence of improvement on those recommended treatments alone. The available medical records do not contain adequate documentation of a plan for interferential current stimulation to be used in conjunction with the recommended treatments of return to work, exercise program and medications. On the basis of the available medical records and per the MTUS guidelines cited above, muscle stimulator, VQ orthocare orthostim 4 purchase is not indicated as medically necessary.