

<b>Case Number:</b>	CM15-0199865		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	12/10/2004
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 was a 66 year old male, who sustained an industrial injury, December 10, 2004. The injured worker was undergoing treatment for L4-S1 lumbar discopathy with bilateral radiculopathy and likely disc herniation syndrome. According to progress note of June 29, 2015, the injured worker's chief complaint was ongoing persistent low back pain and right lower extremity and knee pain. The injured worker described the low back pain as aching. The injured worker was having pins and needles sensation in the right leg extending to the right foot. According to the progress note of June 29, 2015, the injured worker used a VQ Orthostim 4 unit daily for relief of pain and for increased range of motion. The injured worker used the unit in the car while driving and increased low back pain to relieve symptoms. The request was due to the current machine was antiquated and had stopped working. The objective findings noted pain with heel and toe walking. There was midline tenderness with palpation with spasms and tightness in the paralumbar musculatures. There was mildly reduced range of motion with spasms on extension and lateral bending. The forward flexion was 15 degrees and extension was 10 degrees. The right and left lateral bending was 10 degrees. The straight leg raises were positive at 60 degrees on the right and 70 degrees on the left. There was mild decreased sensation at L5 on the right. The injured worker previously received the following treatments home exercise program, lumbar epidural steroid injection at 5-S1 with 50% relief from low back pain and 50% relief from leg pain according to the progress note of July 29, 2015, urine toxicology study was negative for any findings on March 27, 2015 and VQ Orthostim 4 unit daily for relief of pain and for increased range of motion. The RFA (request for authorization) dated the following treatments were requested new VQ Orthostim 4 unit. The UR (utilization review board) denied certification on September 14, 2015, for the 1 VQ Orthostim 4 units.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **VQ Orthostim 4 Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Interferential unit (IF), Pain section, TENS unit.

**Decision rationale:** Pursuant to the Official Disability Guidelines, VQ orthostim 4 unit is not medically necessary. IF is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor's study design and/or methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for IF to be medically necessary. These criteria include pain is ineffectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. Blue Cross considers TENS investigational for treatment of chronic back pain, chronic pain and postsurgical pain. CMS in an updated memorandum concluded TENS is not reasonable and necessary for the treatment of chronic low back pain based on the lack of quality evidence for effectiveness. See the guidelines for additional details. Neuromuscular electrical stimulation (NMES devices) are not recommended. NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the

TENS trial; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are left-hand tendinopathy; right knee in general derangement; L4 - L5 and L5 - S1 lumbar discopathy with bilateral radiculopathy; inguinal hernia status post repair; internal medicine disorder, anxiety depression; mild left knee internal derangement. Date of injury is December 10, 2004. Request for authorization is September 9, 2015. The most recent progress note in the medical record is dated June 29, 2015. According to the June 29 2015 progress note, subjective complaints include low back pain with radiation to the right lower extremity. There is no pain score present. The injured worker received an epidural steroid injection June 17, 2015 with no documentation indicating subjective or objective functional improvement. The worker is not receiving concurrent physical therapy. Objectively, the injured worker has tenderness to palpation of the lumbar spine spasm. Range of motion is decreased. The treatment plan indicates the injured worker has been using this unit while driving. The injured worker requires a renewal, but his machine is antiquated. There is no documentation demonstrating objective functional improvement with the orthostim 4 unit. There is no documentation indicating a reduction in medications with the ongoing use of the orthostim 4 unit. Neuromuscular electrical stimulation (NMES devices) are not recommended. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation demonstrating objective functional improvement or a reduction in medication use with the ongoing use of the orthostim 4 unit, VQ orthostim 4 unit is not medically necessary.