

Case Number:	CM15-0057061		
Date Assigned:	04/01/2015	Date of Injury:	12/04/2014
Decision Date:	05/01/2015	UR Denial Date:	03/01/2015
Priority:	Standard	Application Received:	03/25/2015

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: Physical Medicine & Rehabilitation, Neuromuscular 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 27 year old injured worker (male/female not specified), who sustained an industrial injury on 12/04/2014. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications and conservative therapies. Currently, the injured worker complains of constant moderate pain to the cervical spine and thoracic/lumbar spine. The diagnoses include cervical spine strain/sprain, thoracic/lumbar spine strain/sprain, bilateral elbow forearm pain, and pain in the lower extremities. The treatment plan consisted of a 1 month rental of a home interferential stimulation unit and supplies, Dragon Voice Activated software, acupuncture, continued chiropractic treatment s, cervical pillow, lumbar spine pillow, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home interferential stimulator unit OS4, 1 month rental with supplies: 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 Galvanic Stimulation; Interferential Current Stimulation (ICS); Neuromuscular electrical stimulation (NMES devices); Transcutaneous electrotherapy Page(s): 117; 118;114-116.

Decision rationale: Home interferential stimulator unit OS4, 1 month rental with supplies is not medically necessary per the MTUS guidelines. OrthoStim unit utilize TENS, interferential current, galvanic and NMES. The MTUS Chronic Pain Medical Treatment Guidelines state that galvanic stimulation is considered investigational for all conditions. The MTUS Chronic Pain Medical Treatment Guidelines notes that NMES is not supported for the treatment of chronic pain and used primarily for post stroke rehabilitation. Additionally, the Chronic Pain Medical Treatment Guidelines note that interferential current stimulation (ICS) is not recommended as an isolated intervention. The unit includes galvanic stimulation and NMES which are clearly not recommended per the MTUS guidelines. The patient has not had any documentation of stroke. There are no indications for an Orthostim Unit for this patient. Therefore, the request for one Orthostim 4 Unit is not medically necessary.

Dragon voice activated software, purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of Voice: Volume 15, Issue 2, June 2001, Pages 231-236.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ear Nose Throat J. 2004 Mar;83(3):195-8. Muscle tension dysphonia in patients who use computerized speech recognition systems. Olson DE1, Cruz RM, Izdebski K, Baldwin T.

Decision rationale: Dragon voice activated software, purchase is not medically necessary per the MTUS Guidelines. The MTUS and ODG do not specifically address this software. The ODG does address ergonomic changes that should be made in the workplace. The ODG states that in making recommendations for the design of tasks and workstations to prevent upper-body health concerns, the occupational health provider should be aware of the physical dimensions and range of motion needed to complete the tasks involved if they are well designed. The tools, machinery, or workstations should be flexible enough to accommodate any worker. Workers may be involved in the identification of physical job requirements and discomfort or overload situations by means of interviews, group sessions, and/or questionnaires and scales. An article in the 2004 Ear, Nose, and Throat Journal states that the scientific literature suggests that there is an association between upper-extremity repetitive use disorder and muscle tension dysphonia. The treatment for this condition is centered on voice therapy and avoidance of long periods of using computerized speech recognition systems. The documentation indicates that the patient is not currently working therefore it is unclear what this system is being utilized for. Additionally, there is no indication that she has attempted modification of her environment to accommodate her condition prior to purchasing this software. The request of Dragon voice activated software, purchase is not medically necessary.

