

Case Number:	CM15-0084464		
Date Assigned:	05/06/2015	Date of Injury:	11/29/2011
Decision Date:	07/01/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/01/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 68-year-old who has filed a claim for chronic neck, shoulder, wrist, and low back pain reportedly associated with an industrial injury of November 29, 2011. In a utilization review report dated April 1, 2015, the claims administrator failed to approve a request for a SurgiStim4 device and associated battery power pack, electrodes, and adhesive towel removers. The claims administrator referenced order forms dated January 22, 2014, an undated appeal letter, and a progress note dated February 14, 2014 in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated May 5, 2014, difficult to follow, not entirely legible, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of neck, low back, and wrist pain. The applicant did have ancillary issues including hypertension. The applicant was using Norco for pain relief. Large portions of progress note were quite difficult to follow. The applicant apparently maintained that she was unable and/or unwilling to return to work and was therefore placed off of work, on total temporary disability. The note, in addition to being quite difficult to follow and not entirely legible, did not explicitly allude to the need for the SurgiStim4 device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgistim4 episode of care: post-surgical stimulation system (DOS 4/27/2014 to 5/26/2014):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices); Galvanic Stimulation Page(s): 121; 117. Decision based on Non-MTUS Citation <http://www.vqorthocare.com/products/orthostim-4-surgistim-4>.

Decision rationale: No, the SurgiStim4 device between the dates April 27, 2014 through May 27, 2014 was not medically necessary, medically appropriate, or indicated here. Based on the product description, the SurgiStim4 device is a multimodality interferential stimulator device which is an amalgam of high voltage pulsed current stimulation (galvanic stimulation), neuromuscular electrical stimulation, interferential stimulation, and pulsed direct current. Many modalities which comprised the device, however, carry unfavorable recommendations in the MTUS. For instance, page 117 of the MTUS Chronic Pain Medical Treatment Guidelines notes that galvanic stimulation (a.k.a. high voltage pulsed current stimulation) is not a recommended and considered investigation for all indications, while page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation, another modality in the device, is likewise not recommended in the chronic pain context present here. Since multiple modalities which comprised the device were not recommended, the entire device was not recommended. Therefore, the request is not medically necessary.

Surgistim4 episode of care: post-surgical stimulation system (DOS 2/26/2014 to 3/27/2014):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices); Galvanic Stimulation Page(s): 121; 117. Decision based on Non-MTUS Citation <http://www.vqorthocare.com/products/orthostim-4-surgistim-4>.

Decision rationale: Similarly, the request for a SurgiStim device rental between the dates February 27, 2014 through March 27, 2014 was likewise not medically necessary, medically appropriate, or indicated here. Based on the product description, the SurgiStim device in question represented an amalgam of multiple different transcutaneous electrical modalities, including high voltage pulsed current stimulation (a.k.a. galvanic stimulation), neuromuscular electrical stimulation, interferential stimulation, and pulsed direct current stimulation, several of which carry unfavorable recommendations within the MTUS. For instance, page 117 of the MTUS Chronic Pain Medical Treatment Guidelines notes that galvanic stimulation (a.k.a. high voltage pulsed current stimulation) is not recommended in the chronic pain context and considered investigational for all purposes. Similarly, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that the neuromuscular electrical stimulation, another modality which comprises the device, is likewise not recommended in the chronic pain context present here. Since multiple modalities which comprised the device were not recommended, the entire device was not recommended. Therefore, the request was not medically necessary.

Surgistim4 episode of care: post-surgical stimulation system (DOS 3/28/2014 to 4/26/2014):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices); Galvanic Stimulation Page(s): 121; 117. Decision based on Non-MTUS Citation <http://www.vqorthocare.com/products/orthostim-4-surgistim-4>.

Decision rationale: Similarly, the request for a SurgiStim4 rental between dates March 28, 2014 through April 26, 2014 was likewise not medically necessary, medically appropriate, or indicated here. Per the product description, the SurgiStim4 is an amalgam of four different transcutaneous electrical therapy modalities, namely high voltage pulsed current stimulation, neuromuscular electrical stimulation, interferential stimulation, and pulsed direct current stimulation, several of which carry unfavorable recommendations in the MTUS. For instance, page 117 of the MTUS Chronic Pain Medical Treatment Guidelines notes that high voltage pulsed current stimulation (a.k.a. galvanic stimulation) is not recommended in the chronic pain context present here and is, furthermore, considered investigational for all purposes. Similarly, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that neuromuscular electrical stimulation or NMES is likewise not recommended in the chronic pain context present here. Since multiple modalities which comprised the device were not recommended, the entire device was not recommended. Therefore, the request was not medically necessary.

Battery Power Pack 4.5V 1EA #12, Electrode Gel 2 PR Sensaderm Non-Sterile QA Tip 2in DIA #8, Adhesive Remover Wipe 01/EA Mint Scented #16 And Shipping And Handling (DOS 4/30/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices); Galvanic Stimulation Page(s): 121; 117.

Decision rationale: Finally, the request for a battery power pack, electrodes, adhesive towel remover, and shipping and handling fees were likewise not medically necessary, medically appropriate, or indicated here. Since the primary requests for the SurgiStim device rental were deemed not medically necessary above, the derivative or companion request for an associated shipping and handling fee, electrodes, power pack, towel remover, etc., was likewise not medically necessary.