

Case Number:	CM14-0096212		
Date Assigned:	08/11/2014	Date of Injury:	11/29/2010
Decision Date:	10/15/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/24/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 42 year old female who sustained an industrial injury on 11/29/2011. The mechanism of injury was cumulative trauma from work activities. She complained of neck, left shoulder and low back pain. She had been diagnosed with cervical disc disease, radiculopathy, and lumbar sprain/strain with lumbar disc disease. She had prior non-industrial history of status post C6-7 ACDF in October 2007. She then underwent C6-7 hardware removal and C5-6 ACDF on 12/2/2010. Treatment has included medications, epidural injections, and TTD status. According to the progress report dated 2/10/2014, the patient complained of constant neck and low back pain, numbness, tingling and pain down the left arm to all fingers and back pain down right leg to toes 50% of the time. Examination documents asymmetrical motion loss, tenderness, decreased sensation in left C5-7 dermatomes and right lower extremity, and normal bilateral reflexes. Cyclobenzaprine was dispensed. She remains TTD.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retrospective) 4 Multi-modality stimulator, Electrodes, Battery Pack and Adhesive wipes:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS); Transcutaneous electrotherapy; Neuromuscular electrical. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.vqorthocare.com/products/orthostim-4-surgistim-4/>

Decision rationale: According to CA MTUS, Interferential Current Stimulation (ICS) 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. Request was made for purchase of an OrthoStim 4 multi-modality stimulator device, electrodes, battery pack and adhesive wipes. The device offers High volt pulsed current stimulation, Neuromuscular electrical stimulation, Interferential Stimulation, and Pulsed direct current stimulation. According to the CA MTUS guidelines, interferential current stimulation is not generally recommended as there is no evidence supporting or establishing efficacy in this form of treatment. According to the guidelines, Neuromuscular electrical stimulation (NMES devices) is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Galvanic stimulation is not recommended. Considered investigational for all indications. Galvanic stimulation is characterized by high voltage, pulsed stimulation and is used primarily for local edema reduction through muscle pumping and polarity effect. The medical records do not establish that purchase of the requested multi-modality stimulator device and supplies is appropriate and medically necessary for the management of this patient's diagnoses. The request is not medically necessary.