MAXIMUS Federal Services

Case Number:	CM13-0036459		
Date Assigned:	03/19/2014	Date of Injury:	04/04/2005
Decision Date:	09/03/2015	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/21/2013

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old female, who sustained an industrial injury on April 4, 2005. She reported a continuous trauma injury. The injured worker was diagnosed as having cervical spine sprain strain with spondylosis. Treatment to date has included diagnostic studies, wrist brace, home muscle stimulator unit, cervical support pillow, acupuncture and medication. Acupuncture was noted to be helpful to her in the past. Her home muscle stimulator unit was noted to decrease her pain and prevent flare-ups but was noted to not currently be working. On September 17, 2013, the injured worker complained of occasional increased neck pain. Physical examination revealed tender paraspinals with spasm and guarding. The treatment plan included an OrthoStim home unit. On October 9, 2013, Utilization Review non-certified the request for an OrthoStim home unit, citing California MTUS ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

OrthoStim home unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
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Decision rationale: Regarding the request for ortho stim unit, this unit is a combination electrical stimulation unit which includes TENS, interferential current, galvanic stimulation, and neuromuscular stimulation. In order for a combination device to be supported, there needs to be guideline support for all incorporated modalities. Chronic Pain Medical Treatment Guidelines state that TENS is not recommended as a primary treatment modality, but a one month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines go on to state the galvanic stimulation is not recommended. Additionally, guidelines state that interferential current stimulation is not recommended as an isolated invention except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Finally, guidelines state that neuromuscular electrical stimulation is not recommended. Within the documentation available for review, there is no indication that the patient is failed a TENS unit trial, as recommended by guidelines prior to an interferential unit trial. Additionally, guidelines do not support the use of galvanic stimulation or neuromuscular stimulation. As such, the currently requested ortho stim is not medically necessary.