

Case Number:	CM13-0045227		
Date Assigned:	12/27/2013	Date of Injury:	01/31/1997
Decision Date:	11/25/2015	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40-year-old female, who sustained an industrial injury on January 31, 1997. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having right cervical radiculopathy, right lumbar radiculopathy, right shoulder impingement, chronic whole body pain and right knee pain. Treatment to date has included medication and diagnostic studies. On October 22, 2013, the injured worker complained of chronic pain. She reported having to decrease her pain medication regimen because of her elevated liver enzymes. She stated that her medications help "reduce" pain symptoms and denies side effects. The injured worker was reported to have gained a lot of weight due to immobility after her industrial injury. The treatment plan included medication, laboratory studies, weight loss and a follow-up visit. On October 25, 2013, utilization review modified a request for two months rental for an Orthostim 4 Unit and purchase of supplies (8 packs of electrodes, 24 batteries, 32 adhesive remover, 2 lead wires) to one month rental of Orthostim 4 Unit and purchase of supplies (8 packs of electrodes, 24 batteries, 32 adhesive remover, 2 lead wires).

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) months rental of an Ortho-Stim 4 Unit and the purchase of supplies consisting of 8 packs of electrodes, 24 batteries, 32 adhesive remover, and 2 lead wires: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders>.

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

Decision rationale: This request is for a multi-modal stimulator unit, which is not discussed or recommended in MTUS. With regard to the component forms of stimulation in this unit, MTUS states that NMES or neuromuscular stimulation is indicated in some case for post-stroke rehabilitation but is not supported for treatment of chronic pain. The records do not provide an alternate rationale for an NMES device. For these reasons, this request is not medically necessary.