

Case Number:	CM14-0030292		
Date Assigned:	06/20/2014	Date of Injury:	07/31/2012
Decision Date:	07/16/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/10/2014

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 & Rehabilitation and is licensed to practice in Minnesota. 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 injured worker who is a 43-year-old female who reported an injury on 07/31/2012 of an unknown mechanism. The injured worker underwent a bilateral L4 to S1 medial branch on 03/26/2014. On 05/27/2014 the injured worker complained of ongoing back pain and knee pain. It was noted that the injured worker condition's had improved but still had moderate, intermittent, dull and ache pain in the left hip. On the physical examination done on 05/27/2014 it was noted the lumbar spine was tender to palpation with spasm. The injured worker declined medications and there was no VAS scale used to measure injured worker pain. It was noted that the injured worker had returned to work with modified duties that included not wearing her police belt at around waist. It was noted the injured worker had already used Ortho Stim 3 unit since 11/08/2012. The injured worker diagnoses included lumbar disk disease, lumbar radiculopathy, intractable low back pain and lumbar facet arthropathy. The treatment plan includes a decision for Ortho Stim 3 unit purchase (██████████). The authorization for request was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

OrthoStim 3 unit purchase (██████████): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy. Page(s): Page(s) 114.

Decision rationale: The request for the Ortho Stim 3 unit purchase (██████████) is non-certified. The Chronic Pain Medical Treatment (MTUS) Guidelines is not recommend the use of the Ortho Slim 3 unit 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. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. The guidelines use of the Tens unit should document pain of at least 3 months duration and a 1 month trial period of the TENS unit should be documented (as an adjunction to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The documentation submitted stated the injury worker had already used the Ortho Stim 3 unit since 11/08/2012. There was lack of evidence of the injured worker long-term pain relief with using the Ortho Stim 3. It was also noted on 05/27/2014 the injured worker has improved on her pain and is currently declined medications. There was no mentioned on the request stating the location where the Ortho Stim 3 device will be used. In addition, the injured worker has already returned to work on 05/27/2014 with modified duties to include not wearing her police belt around her waist. Given the above the request for the Ortho Stim 3 unit purchase (██████████) is non-certified.