

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
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**Notice of Independent Medical Review Determination**

Dated: 8/19/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	1/11/2003
IMR Application Received:	7/15/2013
MAXIMUS Case Number:	CM13-0001490

- 1) MAXIMUS Federal Services, Inc. has determined the request for an Alpha Stim Unit **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/15/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/17/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for an Alpha Stim Unit **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical medicine and Rehabilitation, and is licensed to practice in California. 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 treatments and/or services at issue.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 10, 2013.

“The patient is a 34 year old male with a date of injury of 1/11/2003. Under consideration are requests for 1 alpha stim unit and 1 prescription of Dilaudid 4mg #90. According to available documentation the patient was under care for chronic headaches, neck pain, left shoulder pain, and left foot pain. Additional complaints included difficulty with formulating thoughts, speech patterns, memory loss, hypertension, anxiety, depression, and slurred speech. Per the most recent evaluation by Dr. [REDACTED] dated 6/25/13 the patient's relevant objective findings included elevated blood pressure, an obese abdomen, decreased distal pulses bilaterally, limited range of motion off the neck and lower back, and intact motor, sensation, and deep tendon reflexes. Left shoulder tenderness was also noted over the subacromial area with mildly positive impingement signs. Active range of motion of the shoulder was normal. Left foot plantar fascia tenderness was present with mild swelling of the left foot. Prior MRI of the cervical spine revealed a disc herniation at CS-6. MRI of the left shoulder revealed subacromial bursitis. Recent treatment had included medication management, speech therapy, and psychotherapy. The patient reported that speech therapy and psychology sessions were helpful. The use of oxycodone was helpful for pain however the use was causing a weird feeling at night and difficulty sleeping.”

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review dated 7/15/2013
- Utilization Review Determination provided by [REDACTED] dated 7/09/2013

- Medical Records from 7/13/2012 through 6/25/2013
- Official Disability Guidelines, Current Version, Pain Chapter, Micro current Electrical Stimulation Devices (MENS Devices)
- Chronic Pain Medical Treatment Guidelines 2009, MENS devices, page 120

**1) Regarding the request for an Alpha Stim Unit:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines, Current Version, Pain Chapter; Microcurrent Electrical Nerve Stimulation (MENS) devices section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the California Chronic Pain Medical Treatment Guidelines (2009), page 120, which is part of the MTUS.

Rationale for the Decision:

The employee injured the neck, left shoulder, and left foot in an accident on 1/11/2003. Treatment to date has included medication management, speech therapy, and psychology sessions. Per the most recent evaluation, dated 6/25/2013, the employee has left shoulder tenderness, left foot plantar fascia tenderness and mild swelling of the left foot. A request was made for an Alpha Stim Unit.

An Alpha Stim unit is a sub-class of microcurrent devices such as MENS units. The Chronic Pain Medical Treatment Guidelines, 2009, recommend against the use of MENS units. The request for an Alpha Stim Unit is not medically necessary and appropriate.

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.