

Case Number:	CM13-0041025		
Date Assigned:	12/20/2013	Date of Injury:	11/15/2012
Decision Date:	02/21/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and upper back pain reportedly associated with an industrial injury of November 15, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and extensive periods of time off work, on total temporary disability. A September 9, 2013, progress note was notable for Final Determination Letter for IMR Case Number CM13-0041025 3 comments that the applicant had persistent complaints of neck and shoulder pain. The applicant was off work. The applicant reported 8/10 pain without medications and 6-7/10 pain with Naprosyn and tramadol. Multiple medications were renewed. The applicant was again asked to stay off work. The Alpha-Stim device was apparently endorsed through a request for authorization form dated September 17, 2013. No clinical progress notes were attached to the request for authorization. In a utilization review report dated October 10, 2013, the claims administrator apparently denied a request for an A-Stim unit and supplies. Page 120 of the MTUS Chronic Pain Medical Treatment Guidelines on interferential stimulation was cited. The applicant's subsequently appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

A-STEM UNIT AND SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), Page(s): 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Galvanic Stimulation Topic, Page(s): 1147.

Decision rationale: Based on the product description, A-Stim therapy appears to represent a form of transcutaneous electrotherapy characterized by high-frequency alternating currents. Thus, the device appears to represent a form galvanic stimulation, which, according to the Chronic Pain Medical Treatment Guidelines, is in fact characterized by high voltage pulse stimulation. A galvanic stimulation, it is not recommended and deemed investigational, for all indications, according to guidelines. In this case, the attending provider has not proffered any applicant-specific information, which would offset the unfavorable MTUS recommendation. No clinical progress note or narrative commentary was attached to the request for authorization. Therefore, the request is not medically necessary.