

<b>Case Number:</b>	CM13-0057312		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/30/2009
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine 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 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 low back pain, knee pain, neck pain, leg pain, and posttraumatic headaches reportedly associated with a slip and fall industrial contusion injury of June 30, 2009. 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 life of the claim; and extensive periods of time off work. The applicant has apparently retired from her former position as a custodian. It is unclear whether she has done so as a function of her industrial injuries or as a function of having reached retirement age. In a utilization review report of October 30, 2013, the claims administrator reportedly denied a request for an A-Stim device on the grounds that there is no documentation of neuropathic pain for which electrical stimulation would have been indicated. The applicant's attorney subsequently appealed. In a September 19, 2013, progress note, the applicant presents with persistent multifocal neck, shoulder, arm, leg, elbow, hand, low back, leg, and knee pain with derivative headaches and sleep disturbance. There is radiating pain in the neck region, the applicant states. The applicant also has numbness and tingling about the legs associated with low back pain. She is having issues with gastritis. A positive Spurling maneuver is noted about the neck with negative straight leg raising bilaterally. The applicant has multifocal tenderness about various areas with limited cervical range of motion. It is stated, somewhat incongruously, in one section of the report that the applicant's gait is normal while suggesting that the applicant has an antalgic gait in another section of the report. A cervical traction device and an A-Stim device are sought. The applicant is asked to employ Zofran for nausea. Unspecified topical compounds are issued.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**ALPHA-STIMULATION DEVICE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Microcurrent Electrical Stimulation Topic Page(s): 120.

**Decision rationale:** Based on the product description, it appears that the Alpha-Stim device employs usage of microcurrent stimulation. However, page 120 of the MTUS Chronic Pain Medical Treatment Guidelines notes that microcurrent electrical stimulation is "not recommended" in the treatment of chronic pain, as is reportedly present here. Thus, the attending provider's request for transcutaneous electrotherapy is a modality which is considered not recommended by the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the request is not certified, on independent medical review.