

Case Number:	CM14-0111747		
Date Assigned:	08/01/2014	Date of Injury:	07/13/2009
Decision Date:	10/07/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/17/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 38-year-old female with a 7/13/09 date of injury. At the time (6/18/14) of request for authorization for home cranial electrotherapy stimulation unit for lumbar spine, there is documentation of subjective (increasing bilateral lower extremity neuropathic pain, residual weakness of the right upper extremity, and associated increased depression and anxiety) and objective (restricted gait, residual weakness of the right upper extremity, diffuse hyperalgesia and dyesthesia in the lower extremity with weakness) findings, current diagnoses (complex regional pain syndrome), and treatment to date (spinal cord stimulator implantation).

IMR ISSUES, DECISIONS AND RATIONALES

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

Home cranial electrotherapy Stimulation unit for Lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, pain chapter, electroceutical therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Microcurrent electrical stimulation (MENS devices), Page(s): 120. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

(<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3381625/>);
(http://www.aetna.com/cpb/medical/data/400_499/0469.html)

Decision rationale: Medical Treatment Guideline identifies that Cranial electrotherapy stimulation (CES) is a noninvasive therapeutic device that applies pulsed, alternating microcurrent (<1000 A) transcutaneously to the head via electrodes placed on the earlobes, mastoid processes, zygomatic arches, or the maxillo-occipital junction. MTUS Chronic Pain Medical Treatment Guidelines identifies that Microcurrent electrical stimulation (MENS devices) are not recommended. In addition, Medical Treatment Guideline identifies that cranial electrical stimulation is considered experimental and investigational because its value and effectiveness has not been established. Therefore, based on guidelines and a review of the evidence, the request for home cranial electrotherapy stimulation unit for lumbar spine is not medically necessary.