

Case Number:	CM14-0020614		
Date Assigned:	04/30/2014	Date of Injury:	05/02/2007
Decision Date:	10/15/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/19/2014

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 Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 41 year old female with complaints of low back pain and lower extremity pain. The date of injury is 5/2/07 and the mechanism of injury is not elicited. At the time of request for purchase of an A-stim unit and supplies, there is subjective (right low back pain) and objective (decreased sensory right lower extremity L4-5 distribution) findings, imaging findings (lumbar spine x-ray mention of in progress note states "L4-5 abnormality"), diagnoses (lumbosacral radiculitis), and treatment to date (medications, epidural steroids, exercise, TENS). A-stim unit physiotherapy is an anti-inflammatory based treatment modality which crosses two medium frequency alternating electrical currents that is designed for deep penetration into the soft tissue and bone. A-stim units are not the same as a TENS unit or muscle contraction stimulators which use monofrequency non-alternating current to either achieve analgesia (TENS) or muscle contractions (low frequency units).

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of an A-Stim Unit and Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Low Back-Lumbar&Thoracic(Acute&Chronic) <TENS(transcutaneous electrical nerve stimulation>

Other Medical Treatment Guideline or Medical Evidence:
<<http://www.abrexis.com/electrotherapy>>

Decision rationale: A-stim unit physiotherapy is an anti-inflammatory based treatment modality which crosses two medium frequency alternating electrical currents that is designed for deep penetration into the soft tissue and bone. A-stim units are not the same as a TENS unit or muscle contraction stimulators which use monofrequency non-alternating current to either achieve analgesia (TENS) or muscle contractions (low frequency units). As there is no mention on the web site of any literature supporting the claim of superiority over TENS/Muscle stim and no mention of FDA approval nor protocols established specifically for A-stim therapy, the ODG for TENS and muscle stim state that electrical therapy is not generally recommended for the treatment of chronic pain or intended for chronic use. Therefore, the request for purchase/chronic use of A-stim unit and supplies is not medically necessary.