

Case Number:	CM14-0165289		
Date Assigned:	10/10/2014	Date of Injury:	08/27/1997
Decision Date:	04/21/2015	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 53-year-old female who reported injury on 08/27/1997. The mechanism of injury was not provided. Prior therapy included physical therapy and aquatic therapy. The surgical history was not provided. The mechanism of injury was not provided. Other therapies included physical therapy. The documentation of 04/02/2014 revealed the injured worker had low back and sciatic pain in the left leg. The injured worker indicated that medications were the only thing that helped. The physical examination revealed the injured worker had decreased range of motion. The documentation indicated that the injured worker had complaints of lumbar spine spasm and diminished range of motion. The diagnoses included lumbar spine sprain; S1 radiculitis right leg. The treatment plan included all requests were denied, including Alpha-Stim and gym membership. The original date of request for the Alpha-Stim could not be established. The medications prescribed included Neurontin, docuprene, and Fexmid, as well as baclofen. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alpha-stim unit rental for three months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (MENS device).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Microcurrent electrical stimulation (MENS devices) Page(s): 120.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines do not recommend micro current electrical stimulation. There was a lack of documented rationale for the use of the device. There was a lack of documentation of exceptional factors. The request as submitted failed to indicate the body part to be treated. Given the above, the request for Alpha-Stim unit rental for 3 months is not medically necessary.