MAXIMUS Federal Services

Case Number:	CM14-0212488		
Date Assigned:	01/02/2015	Date of Injury:	06/30/2009
Decision Date:	02/19/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/18/2014

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: Florida
Certification(s)/Specialty: Family Practice

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 patient is a 35-year-old female who sustained a work related injury on 6/30/2009. The mechanism of injury is described as cumulative trauma to her neck and bilateral upper extremities, resulting in the following diagnoses. Diagnoses include: complex regional pain syndrome, right shoulder impingement syndrome and parascapular sprain, fibromyalgia, right thoracic outlet syndrome, and right elbow medial epicondylitis. She did have an MRI performed on 3/16/2012, which showed a 1 mm disc protrusion at C4-C5 and C5-C6 abutting the thecal sac. She has previously been treated with physical therapy and aquatic therapy, as well as medications that include the chronic use of narcotics and muscle relaxants. A request was made for an alpha stimulation device and was not certified by a utilization review physician. Therefore, an Independent medical review regarding the medical necessity of the disputed item has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alpha-Stim unit for the bilateral wrists: 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 (acute and chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS guidelines are silent regarding micro-current electrical stimulation. Therefore, the ODG was referenced. The ODG guidelines that micro-current electrical stimulation is not recommended, as there is no evidence of efficacy. Therefore, this request for an alpha stimulation unit is not considered medically necessary.