

Independent Medical Review Final Determination Letter

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Dated: 12/30/2013

IMR Case Number:	CM13-0009000	Date of Injury:	12/31/2001
Claims Number:	[REDACTED]	UR Denial Date:	07/15/2013
Priority:	STANDARD	Application Received:	08/09/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] MD		
Treatment(s) in Dispute Listed on IMR Application:			
CRANIAL ELECTROTHERAPY STIMULATION (ALPHA STIM M) DEVICE FOR PAIN RELIEF ON A TRIAL BASIS			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

All medical, insurance, and administrative records provided were reviewed. The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, chronic pain syndrome, posttraumatic headaches, low back pain, and shoulder pain reportedly associated with cumulative trauma at work first claimed on December 31, 2001. Thus far, the patient has been treated with the following: Analgesic medications; multiple prior cervical spine surgeries and cervical fusion surgeries; transfer of care to and from various providers in various specialties; long-acting opioids; unspecified amounts of chiropractic manipulative therapy; and trigger points injections. In a utilization review report of July 15, 2013, the claims administrator denied a request for cranial electrotherapy stimulation, a form of peripheral nerve stimulation. The patient's attorney later appealed on July 29, 2013. An earlier clinical progress note of June 12, 2013 is notable for comments that the patient is having ongoing issues with depression, tearfulness, and opioid dependence and Alpha-Stimulation unit is endorsed. Additionally per the clinical notes, The Alpha-Stimulation device is externally applied to the ear lobe, purchase of the device is sought with a cost of 1200, it is thought that usage of the device could theoretically limit the patient's need for analgesic, adjuvant and psychotropic medications. An earlier note of May 30, 2012 is notable for comments that the patient remains off of work, on total temporary disability.

IMR DECISION(S) AND RATIONALE(S)

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

1. Cranial electrotherapy stimulation(Alpha Stim M) device for pain relief on a trial basis is not medically necessary and appropriate.

The Claims Administrator based its decision on the Cephalgia. 2012 Dec:32(16), pgs.1165-1179, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pgs. 120-127, which is part of the MTUS. Electronic Source: Alpha-Stim M Product Description. <http://www.alpha-stim.com/wp-content/uploads/Alpha-StimMandYou/index.html>, which is not part of the MTUS.

The Physician Reviewer's decision rationale: MTUS Chronic Pain Medical Treatment Guidelines does not endorse microcurrent electrical stimulation devices. Per the product description/product insert provided by the vendor, alpha stimulation provides both microcurrent electrical therapy (MET) and cranial electrotherapy stimulation. The medical records provided for review shows no indication or evidence that the employee tried and/or failed a conventional TENS unit before the non standard Alpha-Stimulator device was sought. Since one modality in the device carries an unfavorable recommendation, the entire device is considered to carry an unfavorable recommendation. **The request for Cranial electrotherapy stimulation (Alpha Stim M) device for pain relief on a trial basis is not medically necessary and appropriate.**

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[REDACTED]

CM13-0009000