

<b>Case Number:</b>	CM13-0009337		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	11/03/2009
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	08/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### 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 Physical Medicine and Rehabilitation 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:

The injured worker is a 54 year old female who reported an injury on 11/03/2009 due to an unknown mechanism. The injured worker had complaints of a flare up of pain involving her left upper extremity. Physical examination on 07/11/2013 revealed tenderness in the elbow region. The injured worker motor strength was 5/5 in both upper extremities. The injured worker medications were noted on report dated 06/04/2013 as flexeril that made the injured worker drowsy and was told to discontinue. Samples of Vimovo 500/20 mg were given for inflammation. The injured worker diagnoses were left elbow tendonitis, left elbow lateral epicondylitis with status post surgical release on 01/08/2011, repetitive strain syndrome, and myofascial pain syndrome. The treatment plan was to continue with Vimovo 500/20 mg and request electro-acupuncture treatment and functional restoration program. The rationale and request for authorization was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FUNCTIONAL RESTORATION PROGRAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary Pain Programs chapter Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 49.

**Decision rationale:** The request for functional restoration program is not medically necessary. The document submitted for review is lacking information. There were no diagnostic studies, physical therapy reports, medications tried and failed, pain values were not reported with medication and without medication. The California MTUS states functional restoration programs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and negative predictors of success above have been addressed. The document submitted for review is lacking information. Therefore, the request is not medically necessary.

**ELECTRO ACUPUNCTURE TWO TIMES, FOUR WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request for electro-acupuncture two times, four weeks is not medically necessary. The injured worker has complaints of left upper extremity pain. The California MTUS states acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture with electrical stimulation is the use of electrical current (micro-amperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. Recommended frequency and duration of acupuncture with electrical stimulation is 3 to 6 treatments with frequency of 1 to 3 times per week. Acupuncture treatments may be extended if functional improvement is documented. The request submitted for review exceeds the recommended guidelines. Therefore, the request is not medically necessary.