

Case Number:	CM13-0020135		
Date Assigned:	10/11/2013	Date of Injury:	09/29/2010
Decision Date:	01/16/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	09/04/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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. 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 44-year-old female with an original date of injury on September 29, 2010. Subjectively, the patient complains of low back pain, bilateral knee pain, and carries a diagnosis of lumbar spondylosis. Objective examination findings include normal neurologic exam at the L3 through S1 dermatomes, with normal gait pattern and reflexes. There is documentation that the patient has had prior acupuncture, although the specific functional benefit or analgesic efficacy of this is not documented. The utilization reviewer had denied acupuncture, TENS trials x 6 weeks, and medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In the case of this injured worker, there is documentation by the utilization review team that the patient had previous acupuncture, but there is no documentation of the functional benefit or analgesic efficacy of prior treatment. The California Medical Treatment and Utilization Schedule specifically mention that functional improvement should be

documented for extension of acupuncture. The progress notes following this UR denial do not address this issue and this request is recommended for non-certification. The request for 12 sessions of acupuncture is not medically necessary and appropriate.

A six week trial of a TENS unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: In the case of this injured worker, there are no indications for TENS unit in accordance with the California Medical Treatment Utilization Schedule, which has provisions for TENS unit for indications of spasticity, complex regional pain syndrome, multiple sclerosis, phantom limb pain, and neuropathic pain. There are no provisions for TENS for chronic low back pain. The request for a six week trial of a TENS unit is not medically necessary and appropriate.

A bilateral lumbar facet medial branch block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet Joint Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines Page(s): 6.

Decision rationale: ACOEM Guidelines indicates that facet joint injections are not recommended based upon limited research-based evidence of the efficacy. Given the recommendations of the California Medical Treatment and Utilization Schedule, this request is recommended for non-certification. The request for lumbar facet joint injections is not medically necessary and appropriate.