

<b>Case Number:</b>	CM13-0023704		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	08/15/2012
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 licensed in Chiropractic and Acupuncture 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:

Claimant is a 34 year old male who was involved in a work related injury in 8/15/2012. His primary diagnoses are lumbar radiculopathy post discectomy, right greater trochanteric bursitis, anxiety, and sleep difficulties. He has low back pain radiating to the right hip and right leg. Coughing, sneezing, prolonged standing, walking, and sitting aggravate the low back. He also has pain in the right hip and right leg and a grinding sensation in the hip. Range of motion is decreased in the right hip. Prior treatment includes oral medications, right gluteal injection of lidocaine extensive physical therapy, and lumbar laminectomy/discectomy surgery. An EMG dated 9/12/2013 shows that there is left chronic L5 radiculopathy and no other findings. On 10/3/2013, the PTP states the claimant does not want to have acupuncture treatment due to needle phobia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture therapy three (3) times a week for four (4) weeks:** 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) and the ACOEM

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture treatment after an initial trial is based on documented functional improvement from prior sessions. The claimant has had 6 sessions approved as a trial on 8/26/2013 and there has been no documented functional improvement from these sessions or completion of the sessions. The PTP has stated that the claimant does not want to try acupuncture due to needle phobia. As an initial request, a 12 visit request exceeds the recommendation for an initial trial. Therefore 12 acupuncture visits is not medically necessary.

**EMG/NCS studies; multiple lower extremities:** 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) and the ACOEM

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

**Decision rationale:** According to evidenced based guidelines, an EMG/NCS may be used to identify radiculopathy and neurologic dysfunction. However, the claimant has already had an EMG/NCS of the bilateral lower extremities dated 9/12/2013. The study shows a chronic L5 left radiculopathy and no other findings. Therefore, a repeat study at this time is not recommended or medically necessary at this time.

**Purchase of a TENS unit for lumbar and/or sacral vertebrae:** 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) and the ACOEM

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

**Decision rationale:** According to evidenced based guidelines, the criteria for a TENS requires that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. There is no documentation on prior success with a TENS. There are no plans of a functional restoration approach and short/long term goals submitted. The request is denied.