MAXIMUS Federal Services

Case Number:	CM13-0041258		
Date Assigned:	12/20/2013	Date of Injury:	02/10/2003
Decision Date:	02/10/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/11/2013

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 Chiropractic & 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 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:

Claimant is a 49 year old male who was involved in a work related injury on 2/10/2003. His diagnoses are cervical discopathy, thoracic disc protrusion, lumbar pain, status post lumbar 360 arthrodesis, status post removal of infected spinal cord stimulator, hardware related lumbar spine pain, status post right carpal tunnel release, left carpal tunnel syndrome, left elbow tendinitis and epicondylitis, and sleep disturbance. He complains of low back pain with spasm, tightness and tenderness in the para lumbar musculature. He also has bilateral leg pain, knee pain, erectile dysfunction, and insomnia. There was a request for eight visits of acupuncture for an initial trial that was modified to a certification of six acupuncture visits on 9/12/2013. There is also a request for a Pro Stim 5.0 unit. Prior treatment includes extracorporeal shockwave therapy that was temporarily beneficial. The physician notes that the claimant has used a stimulator unit but does not go into detail on the unit used and results obtained. Other therapy includes oral medication, injections, lumbar surgery, spinal cord stimulator, bilateral carpal tunnel release, home exercise program, trigger thumb injections, and LINT treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, an initial trial of acupuncture consists of six visits. A request for eight visits exceeds the recommended number and therefore is not medically necessary. If objective functional improvement is demonstrated, further visits may be certified after the trial. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. If this is not a request to overturn the initial request for eight visits, eight further visits are not medically necessary due to the lack of documentation of completion of the trial and of functional gains from the trial. The physician submits and appeal that eight visits are necessary as a trial. There is no documentation submitted on why this claimant would need two additional visits in a trial of acupuncture. Therefore eight acupuncture visits are not medically necessary.

1 Pro Stim 5.0 unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation, galvanic stimulation, Interferential Current Stimul.

Decision rationale: A pro-stim 5.0 is an electrical stimulation device that includes galvanic, neuromuscular electrical stimulation, interferential current stimulation (ICS), and transcutanteous electrical nerve stimulation (TENS). Evidenced based guidelines do not recommend galvanic and neuromuscular electrical stimulation for this claimant's clinical scenario. For ICS and TENS, guidelines recommend a one month home trial as part of a functional restoration program. There is no documentation that a successful trial has been completed. Prior documentation of LINT and extracorporeal shockwave therapy were not successful. Therefore a purchase of an electrical stimulation unit is not medically necessary. A purchase of a pro-stim 5.0 unit is further not medically necessary because it includes modalities that are not recommended.