

Case Number:	CM13-0050269		
Date Assigned:	02/28/2014	Date of Injury:	03/12/2001
Decision Date:	12/24/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/11/2013

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 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 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 patient is a 54 year-old female with date of injury 03/12/2001. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/16/2013, lists subjective complaints as low back pain with radicular symptoms to the lower left extremity. Patient has previously completed a trial for a TENS unit and reported a 20% overall improvement. Objective findings: Examination of the lumbar spine revealed tenderness to palpation over the lumbosacral musculature and sacroiliac joints bilaterally. Range of motion was decreased with pain. Weakness and decreased sensation was noted in the lower left extremity. Diagnosis: 1. Lumbar or thoracic radiculopathy 2. Back pain 3. Constipation 4. Post-laminectomy syndrome, lumbar 5. Heartburn 6. Pain in limb, lower left extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ACUPUNTURE TWELVE(12)VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines state that the initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments

would be predicated upon documentation of functional improvement. The request for 12 treatments is greater than the number recommended for a trial to determine efficacy. Outpatient acupuncture twelve (12) visits is not medically necessary.

DURABLE MEDICAL EQUIPMENT(DME) PURCHASE OF TENS UNIT AND LUMBAR BACK GARMENT.: Overturned

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 Guidelines 9792.20 - 9792.26 Page(s): 68.

Decision rationale: The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is documentation that the patient meets the criteria necessary for TENS unit purchase following a successful one-month trial of a rental TENS unit. I am reversing the previous utilization review decision. Durable Medical Equipment(DME) purchase of tens unit and lumbar back garment are medically necessary.