

Case Number:	CM13-0070251		
Date Assigned:	01/03/2014	Date of Injury:	03/11/2009
Decision Date:	06/05/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/24/2013

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 an employee of [REDACTED] and has submitted a claim for neck and low back pain with an industrial injury date of March 11, 2009. The treatment to date has included medications, an unknown number of acupuncture sessions, and TENS unit (since May 2013). Medical records from 2010 through 2013 were reviewed, which showed that the patient complained of low back and neck pain, 6/10, radiating up to the back of her head. She also reported cramping of the right leg with walking and she used a cane for gait support. Medications helped the patient with pain about 50-60%. On physical examination, there was tenderness of the cervical, thoracic, and lumbar spine. An MRI of the cervical spine dated 12/26/13 showed upper right cervical cord elongated area of low T2 signal suggesting medullary hemosiderin; C5-6 moderate disc degeneration with osteophytes and bulging disc causing moderate bilateral foraminal stenosis; and C3-4 moderate left facet arthropathy with mild foraminal narrowing. A trial of acupuncture and TENS unit was recommended for tapering and reducing the patient's oral medications. The utilization review from December 18, 2013 modified the request for acupuncture trial QTY: 10.00 to acupuncture trial, 6 visits because the patient had continuing neck complaints. The same review denied the request for new TENS unit purchase QTY: 1.00 and modified the request for trial x 1 month with TENS unit QTY 1.01 to a 1-month trial with a new TENS unit in an attempt to maximize the patient's functional improvement although there was no documentation of functional improvement attributable to prior TENS use.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TRIAL QUANTITY 10.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the Acupuncture Medical Treatment Guidelines, treatments may be extended if functional improvement is documented. In this case, the patient underwent previous acupuncture therapy but the number of sessions completed were not indicated in the medical records. In addition, there was no documentation of functional improvement with previous acupuncture sessions. Therefore, the request for acupuncture trial quantity 10.00 is not medically necessary.

TRIAL TIMES ONE MONTH WITH TENS UNIT QUANTITY 1.01: Upheld

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

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

Decision rationale: According to pages 114-116 of the Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include chronic intractable pain, evidence that other appropriate pain modalities have been tried and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In this case, the medical records showed that medications were able to provide 50-60% pain relief; therefore failure of other pain management options was not established. Furthermore, there was no discussion regarding treatment goals for the use of a TENS unit. Moreover, the patient has been using a TENS Unit since May 2013 (12 months to date); thus it is unclear why a repeat trial is being requested. Therefore the request for trial times one month with TENS unit quantity 1.01 is not medically necessary.

NEW TENS UNIT PURCHASE QUANTITY 1.00: Upheld

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

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

Decision rationale: According to pages 114-116 of the Chronic Pain Medical Treatment Guidelines, for continued use of a TENS unit, a one-month trial period of the TENS unit should be documented with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented

during the trial period, including medications. In this case, the patient has been using a TENS unit since May 2013 (12 months to date); however, the medical records failed to indicate outcomes in terms of pain relief and functional improvement and there was no record of how often the TENS unit was being used. There is no clear indication for continued use of a TENS unit; therefore, the request for new TENS unit purchase quantity 1.00 is not medically necessary.