

<b>Case Number:</b>	CM14-0006101		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	11/05/2011
<b>Decision Date:</b>	08/02/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Pain Management and Rehabilitation, 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:

This 51 year-old patient sustained an injury on 11/5/11 while employed by [REDACTED]. Request under consideration include 30 day trial of Tens Unit and Acupuncture six sessions. Diagnoses include Headache. Report of 9/20/13 from the pain management provider noted the patient with ongoing chronic neck pain and headaches, not sleeping well. Medications list Capsaicin 0.075% cream, Flexeril, Venlafaxine, Levothroid, Methotrexate, and Zocor. Brief exam noted patient well-developed, well-nourished, no cardiorespiratory distress; alert and oriented x 3, ambulates without assistance. Diagnoses included headache/ tension r/o seizure disorder; and intentional tremor, right upper extremities. Treatment was to continue acupuncture (no mention of functional improvement), neurology follow up, medications, and functional restoration program. Report of 12/20/13 from pain management provider noted the patient with complaints of headache and neck pain. The patient had neurological evaluation with another provider who recommended trial of Gabapentin and to discontinue Topamax. Other medications list Capsaicin and Flexeril. Exam showed tenderness of upper trapezius and cervical paraspinous area. Treatment recommendations include the above. Conservative care has included specialist evaluations (Ear Nose and Throat, Psychology, Neurology), medications, acupuncture (at least 18 sessions), therapy with electrostimulation, Psychology treatment with cognitive behavioral therapy, and modified activities/rest. The request for 30 day trial of Tens Unit and Acupuncture six sessions were non-certified on 1/6/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 day trial TENS unit:** Upheld

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

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

**Decision rationale:** This 51 year-old patient sustained an injury on 11/5/11 while employed by [REDACTED]. Request under consideration include 30 day trial of Tens Unit and Acupuncture six sessions. Diagnoses include Headache. Conservative care has included specialist evaluations (ENT, Psychology, Neuro), medications, acupuncture (at least 18 sessions), therapy with electrostimulation, Psychology treatment with cognitive behavioral therapy, and modified activities/rest. Report of 9/20/13 from the pain management provider noted the patient with ongoing chronic neck pain and headaches, not sleeping well. Medications list Capsaicin 0.075% cream, Flexeril, Venlafaxine, Levothroid, Methotrexate, and Zocor. Brief exam noted patient well-developed, well-nourished, no cardiorespiratory distress; alert and oriented x 3, ambulates without assistance. Diagnoses included headache/ tension, seizure disorder; and intentional tremor, at right upper extremity. Treatment was to continue acupuncture (no mention of functional improvement), neurology f/u, medications, and functional restoration program. Report of 12/20/13 from the provider noted the patient with complaints of headache and neck pain. The patient had neurological evaluation with another provider who recommended trial of Gabapentin and to discontinue Topamax. Other medications list Capsaicin and Flexeril. Exam showed tenderness of upper trapezius and cervical paraspinal area. Treatment recommendations include the above. Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunct to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has chronic headache condition and has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, nor is there any documented short-term or long-term goals of treatment with the TENS unit. The patient has no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the electrostimulation therapy treatment already rendered. The 30 day trial of Tens Unit is not medically necessary and appropriate.

**Acupuncture X 6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Guidelines ACUPUNCTURE MEDICAL TREATMENT GUIDELINES Page(s): 8-9.

**Decision rationale:** This 51 year-old patient sustained an injury on 11/5/11 while employed by [REDACTED]. Request under consideration include 30 day trial of Tens Unit and Acupunturesix sessions. Diagnoses include Headache. Conservative care has included specialist evaluations (ENT, Psychology, Neuro), medications, acupuncture (at least 18 sessions), therapy with electrostimulation, Psychology treatment with cognitive behavioral therapy, and modified activities/rest. Report of 9/20/13 from the pain management provider noted the patient with ongoing chronic neck pain and headaches, not sleeping well. Medications list Capsaicin 0.075% cream, Flexeril, Venlafaxine, Levothroid, Methotrexate, and Zocor. Brief exam noted patient well-developed, well-nourished, no cardiorespiratory distress; alert and oriented x 3, ambulates without assistance. Diagnoses included headache/ tension r/o seizure disorder; and intentional tremor, RUE. Treatment was to continue acupuncture (no mention of functional improvement), neurology f/u, medications, and functional restoration program. Report of 12/20/13 from the provider noted the patient with complaints of headache and neck pain. The patient had neurological evaluation with another provider who recommended trial of Gabapentin and to discontinue Topamax. Other medications list Capsaicin and Flexeril. Exam showed tenderness of upper trapezius and cervical paraspinous area. Treatment recommendations include the above. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support continued acupuncture. Although the patient reported improved sleep, medical reports noted unchanged pain symptoms and clinical findings despite extensive conservative care to include acupuncture for this chronic injury of 2011. The patient remains functionally unchanged from the 18 acupuncture treatment visits already rendered. There is no demonstrated functional improvement derived from the acupuncture treatment completed. The Acupunture six sessions is not medically necessary and appropriate.