MAXIMUS Federal Services

Case Number:	CM14-0106537		
Date Assigned:	07/30/2014	Date of Injury:	03/16/2010
Decision Date:	08/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 56-year-old male who reported an injury on 03/16/2010. The mechanism of injury was not specifically stated. Current diagnoses include cervicalgia, thoracic spine pain, degeneration of cervical intervertebral disc, and degeneration of the lumbosacral intervertebral discs. The injured worker was evaluated on 06/13/2014 with complaints of persistent neck and low back pain. Previous conservative treatment was not mentioned on that date. Current medications include Norco and Norflex. Physical examination revealed restricted and painful range of motion of the cervical and lumbar spine. Treatment recommendations included a TENS unit and an acupuncture trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

A/C powered TENS unit, not battery powered middle ,lower back: Upheld

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

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

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based trial may be

considered as a noninvasive conservative option. As per the documentation submitted, there is no evidence of a successful 1 month trial prior to the request for a unit purchase. Therefore, the request is not medically appropriate. As such, the request is non-certified.

Acupuncture four sessions, Cervical spine, Lumbar spine qty 4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. The patient's physical examination only revealed painful range of motion of the cervical and lumbar spine. There is no indication that this injured worker's pain medication has been reduced or is not tolerated. There is also no documentation of this injured worker's active participation in physical rehabilitation to be used in conjunction with acupuncture therapy. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.