

Case Number:	CM14-0135224		
Date Assigned:	08/29/2014	Date of Injury:	09/20/2001
Decision Date:	09/30/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/22/2014

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 & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 63 year old male with a reported date of injury on 09/20/2001. The mechanism of injury was not provided. The injured worker's diagnoses included left shoulder pain, backache, unspecified disc disorder of the lumbar region, and lumbago. The injured worker's past treatments included medications, a home exercise program, 18 sessions of acupuncture, and an unspecified number of physical therapy visits. No documentation of pertinent diagnostics were provided. The injured worker's surgical history included a cervical fusion in 2012. The injured worker was evaluated on 07/08/2014 where he complained of shoulder pain rated 4-7/10 which worsened with lifting, low back pain with radiation to the right knee which worsened with driving and was rated 6/10, and cervical spine pain and stiffness. He reported pain relief for 2 hours following acupuncture treatment. The clinician indicated range of motion and pain to right low back were improved. Active range of motion of the neck was decreased by approximately 25% in all directions due to pain and guarding. Multiple painful, taut bands were noted bilaterally in the upper trapezius, rhomboids, levator scapulae, and other shoulder girdle muscles. The physician recommended additional sessions of acupuncture, Baclofen as needed, a home exercise program, walking, and right shoulder injections at next visit if there was no improvement. The injured worker was evaluated on 08/19/2014 where he reported that shoulder pain and ROM improved with the shoulder joint injection given the previous week. He completed the 6th acupuncture visit and wanted to continue. He complained that he was unable to sleep on his back due to back pain. He reported faithfulness to his daily home exercise program. He rated his pain at 6/10 at the time of the visit. The clinician reported tenderness to palpation over the left lower back and gluteal area, decreased active range of motion of neck by approximately 25% due to pain and guarding, no upper extremity neurologic deficits and multiple painful, taut bands were noted bilaterally in the upper trapezius, rhomboids,

levator scapulae, and other shoulder girdle muscles. The shoulder exam revealed that range of motion was limited by 30-40% due to pain more with active or passive elevation and internal rotation. There was tenderness to palpation to the glenohumeral joint, periscapular muscles and in the trapezius. The treatment plan included recommendations for acupuncture and TENS unit, and continue home exercise program and walking. The injured worker's medications included Norco 10/325 mg twice per day, Voltaren Gel 1% applied to the shoulder once daily to three times per day as needed pain, and Baclofen 10 Mg once daily at bedtime. The requests were for additional acupuncture for the lumbar spine, quantity 6 and TENS unit, 30 day trial for backache, unspecified disc disorder of the lumbar region, lumbago and other general symptoms. The request for authorization form was submitted on 07/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture for lumbar, quantity 6.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker reported his back pain as 6/10 on both 07/08/2014 and 08/19/2014. He also reported approximately 2 hours of pain relief from each acupuncture session, but no lasting benefit. The California MTUS guidelines note acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The guidelines recommend acupuncture treatment for 1 to 2 months at a frequency of 1 to 3 times per week. The guidelines recommend extending acupuncture treatments if functional improvement is documented as by either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam and a reduction in the dependency on continued medical treatment. The injured worker has completed 18 acupuncture visits over two years. On 8/19/2014, the clinician reported that the injured worker has decreased Norco use from 3 per day to 2 per day, he was able to sit longer, his range of motion was improved, and was able to drive better as his sitting tolerance improved. There is a lack of documentation demonstrating quantifiable improvements in range of motion. The request for 6 additional sessions of acupuncture treatment would exceed the guideline recommendations. Therefore, the request for Additional Acupuncture for Lumbar, quantity 6 are not medically necessary.

TENS unit, 30 day trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (Transcutaneous electrical nerve stimulation).

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

Decision rationale: The injured worker's diagnoses included left shoulder pain, backache, unspecified disc disorder of the lumbar region, and lumbago. The California MTUS Chronic Pain Guidelines do not recommend TENS 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, for neuropathic pain, phantom limb pain, Complex Regional Pain Syndrome II, spasticity from spinal cord injury, and multiple sclerosis. Prior to a one month trial the guidelines recommend there must be documentation of pain of at least three months duration and there should be evidence that other appropriate pain modalities have been tried (including medication) and failed. The requesting physician did not provide a baseline assessment of the injured worker's current functional condition with objective, measurable values. No diagnostic results were provided for review and no diagnosis of neuropathic pain, phantom limb pain, Complex Regional Pain Syndrome II, spasticity from spinal cord injury, and multiple sclerosis were provided. The submitted request does not indicate the site at which the TENS unit is to be used. Therefore, the request for TENS unit, 30 day trial is not medically necessary.