

Case Number:	CM14-0138773		
Date Assigned:	09/05/2014	Date of Injury:	03/17/2010
Decision Date:	10/01/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/27/2014

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 Interventional Spine Pain Management 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 33 year old female with an injury date on 03/17/2010. Based on the 07/10/2014 progress report provided by [REDACTED], the patient complains of left neck pain, shoulder pain, headaches, muscle spasms, and back pain. The patient's is diagnosed with stable industrial injury in a patient who has achieved maximal medical improvement. [REDACTED] is requesting for 8 acupuncture visits and a TENS unit (Transcutaneous Electrical Nerve Stimulation). The utilization review determination being challenged is dated 08/21/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/02/2014 to 07/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture Visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
http://www.dir.ca.gov/dwc/DWCPropRegs/MedicalTreatmentUtilizationSchedule/MTUS_FinalCleanCopy.do.

Decision rationale: According to the 07/10/2014 report by [REDACTED], this patient presents with left neck pain, shoulder pain, headaches, muscle spasms, and back pain. The provider is requesting 8 acupuncture visits. The utilization review denial letter states a request for acupuncture was approved in June 2013 for 8 visits, and there has been little change in the patient's condition or any meaningful "functional improvement." According to MTUS guidelines, patient is allowed an initial trial of 3 to 6 treatments and more with demonstration of functional improvements. Review of the reports does not include acupuncture treatment history. The provider does not discuss the patient's prior treatment. There is no documentation of functional improvement as defined by the labor code 9792.20(e). It would appear based on UR letter that the patient has tried 8 sessions in the recent past. Given the lack of functional improvement documentation, this request is not medically necessary.

TENS Unit (Transcutaneous Electrical Nerve Stimulation): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: According to the 07/10/2014 report by [REDACTED], this patient presents with left neck pain, left shoulder pain, headaches, muscle spasms, and back pain. The provider is requesting for a TENS unit (Transcutaneous Electrical Nerve Stimulation.) MTUS guidelines recommend TENS unit there is evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. Based upon review of the report 07/10/2014, while the provider states that the patient finds the TENS unit helpful, there are no discussion regarding specific functional benefit and medication reduction. The provider does not document how often the unit is being used either. Therefore, this request is not medically necessary.