

<b>Case Number:</b>	CM14-0143182		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	08/06/2000
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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, 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 71-year old female with a reported injury on 08/06/2000. The mechanism of injury was not provided. The injured worker's diagnoses included myofascial pain syndrome, cervical and lumbar spine strains, cervical and lumbosacral radiculopathy. The injured worker's previous treatments included medications, a TENS unit, 8 visits of acupuncture with electrical stimulation, massage, and heat therapy. The injured worker's diagnostic testing included an MRI of the lumbar spine dated 07/02/2014 which revealed degenerative changes of the lumbar spine, moderate to severe canal stenosis at L3-4, moderate stenosis at L2-3, and neural foraminal narrowing at all lumbar levels, moderate at L3-4 through L5-S1. No pertinent surgical history was provided. On 04/10/2014 the clinician noted that the injured worker's TENS machine was broken and she wanted a new one. The clinician observed and reported bilateral positive straight leg raise and Spurling tests, left medial knee tenderness, left knee surgical scar, and pain with range of motions of back and neck. The injured worker was evaluated on 06/05/2014 for low back and bilateral knee pain. The clinician observed and reported moderate tenderness on L2 to sacrum region and lumbodorsal fascia muscle. After 8 visits of acupuncture with electrical stimulation, massage, and heat therapy, her lower back pain had improved. Her back had increased flexibility and was able to ambulate more balanced with a walker. The treatment plan was to continue acupuncture twice per week for 4 weeks to alleviate some more pain in her back and knees. The injured worker's medications included Neurontin 600 mg three times per day. The requests were for Acupuncture 2 x 4 and TENS unit replacement to alleviate some more pain in her back and knees. The request for authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x 4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request for Acupuncture 2 x 4 is not medically necessary. The injured worker continued to complain of back and knee pain. The California MTUS Acupuncture Medical Treatment Guidelines state that acupuncture treatments may be extended if functional improvement is documented, the time to produce functional improvement is 3 to 6 treatments, and the optimum duration is 1 to 2 months. The injured worker has completed 8 acupuncture sessions; however, the provided documentation did not include objective measures of functional improvement. There was no clear record of the duration of the previously received 8 sessions of acupuncture. Therefore, the request for Acupuncture 2 x 4 is not medically necessary.

**TENS unit replacement:** Upheld

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

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

**Decision rationale:** The request for TENS unit replacement is not medically necessary. The injured worker continued to complain of back and knee pain and her TENS machine was broken. She wanted a new one. The California MTUS Guidelines state that 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, other ongoing pain treatment should also be documented during the trial period including medication usage, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. Based on the provided documentation it is unclear how long the injured worker has been using the TENS unit. The provided documentation did not include records of a program of functional restoration, physical therapy, or a home exercise program. There is a lack of documentation indicating how often the TENS unit was used and demonstrating evidence of measurable reduction in pain and an increase in functional ability following its use. The documentation provided did not include the short and long term goals of TENS therapy. It was noted the injured worker's TENS machine was broken and she wanted a new one; however, there is a lack of documentation indicating the unit is irreparable. Therefore, the request for TENS unit replacement is not medically necessary.

