

Case Number:	CM14-0154637		
Date Assigned:	09/24/2014	Date of Injury:	09/13/2010
Decision Date:	10/27/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/22/2014

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 Geriatrics and is licensed to practice in New York. 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 30 year old woman with a date of injury of 9/13/10. The most recent note in the available records is from 4/23/14. She was seen in follow up of her low back and left lower extremity pain. She completed a functional restoration program and was using her TENS unit every day for 30 minutes but ran out of replacement pads. Her exam showed normal muscle tone without atrophy and normal strength 5/5 in all muscle groups testing. Her gait was antalgic and she used a cane. She was to continue her medications. Her diagnoses included lumbar disc displacement without myelopathy and sprain/strain lumbar region. At issue in this review is the request for acupuncture x 12 sessions for the lumbar spine and TENS unit replacement pads.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit replacement pads: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-117.

Decision rationale: A TENS unit is not recommended 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. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for. The medical necessity for a TENS unit replacement pads is not substantiated.

Acupuncture x 12 sessions of the lumbar spine:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 4, 8-9.

Decision rationale: 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. The records do not indicate that she is not able to return to productive activities or that she is participating in an ongoing exercise program to which the acupuncture would be an adjunct. In this injured worker, the medical records do not show that pain medication was reduced or not tolerated to support the medical necessity for 12 acupuncture treatments.