

Case Number:	CM14-0178977		
Date Assigned:	11/03/2014	Date of Injury:	11/06/1989
Decision Date:	12/09/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/28/2014

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, has a subspecialty in Interventional spine 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 55-year-old male with a date of injury of 11/06/1989. The listed diagnoses per [REDACTED] are: 1. Cervical sprain/strain. 2. Lumbar sprain/strain. The medical file provided for review includes one progress report. The 03/17/2014 bio behavioral/psych pain management report by [REDACTED] states that the patient continues with neck and low back pain. It was noted that the patient is participating in bio behavioral treatment and the patient has "not been continuing acupuncture and physical therapy as recommended due to non-certification by the insurance company." Physical examination was deferred. It was recommended that the patient continue with follow up appointments with PTP. The medical file provided for review includes one progress report from 03/17/2014 by [REDACTED]. This is a request for Interferential Unit and Acupuncture. Utilization review denied the request on 10/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines interferential current stimulation Page(s): 118-120.

Decision rationale: This patient presents with chronic neck and low back pain. The request is for one interferential unit. The medical file provided for review includes one progress report and does not discuss the requested interferential unit. The MTUS Guidelines page 118 to 120 states interferential current stimulation is not recommended as an isolated intervention. "There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included the studies for back pain, jaw pain, soft tissue shoulder pain, cervical pain, and post-operative knee pain." For indications, MTUS mentions intolerability to meds, post-operative pain, history substance abuse, etc. For these indications, one-month trial is then recommended. In this case, there is no indication that the patient has had a successful one-month home trial of the IF unit. The patient does not meet the criteria for IF unit either. The request is not medically necessary.

12 sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with chronic neck and low back pain. The request is for 12 sessions of acupuncture. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial and with functional improvement, 1 to 2 times per day with optimal duration of 1 to 2 months. The medical file provided for review does not include acupuncture treatment history. Report 3/17/14 indicates the patient "has not been continuing acupuncture and physical therapy as recommended due to non-certification by insurance company." It appears the patient has participated in acupuncture in the past. For additional treatments, MTUS requires functional improvement as defined by labor code 9792.20(e) as significant improvement in ADL's, or change in work status AND reduced dependence on medical treatments. Given the treater has not documented functional improvement, additional sessions cannot be supported. The request is not medically necessary.