

Case Number:	CM14-0024994		
Date Assigned:	06/11/2014	Date of Injury:	05/27/2010
Decision Date:	07/31/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/27/2014

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 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 41-year-old male who reported an injury on 03/27/2010. The mechanism of injury was not provided for clinical review. His treatments included acupuncture, home exercise, medication, TENS unit, epidural and facet injections. The diagnoses included thoracic and lumbar spine with facet arthropathy and right leg L4 sciatica. Within the clinical note dated 04/21/2014 it was reported the injured worker complained of depression and low back, thoracic spine pain. On physical examination, the provider noted direct palpation at L3-4, L4-5 and L5-S1 facets with pain. The provider indicated the injured worker can forward flex with hands to the floor, and extension at 20 degrees. The injured worker had a positive straight leg raise on the right and negative on the left. The request submitted was for 3 office visits for Gunn intramuscular stimulation; however, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE OFFICE VISITS FOR GUNN INTRAMUSCULAR STIMULATION (GMS):

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Guideline, ubcgunnims.com.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 3 office visits for Gunn intramuscular stimulation is not medically necessary. The California MTUS Acupuncture Medical Treatment Guidelines note acupuncture with electrical stimulation is the use of electrical current, microamperage or multiampere on the needle at the acupuncture site. It is used to increase effectiveness of the needle by continuous stimulation of the acupoint. Physiological effects depending on the location and setting can include endorphin release of pain relief, reduction of inflammation, increased blood circulation, analgesia through interpretation of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating in pain along the nerve pathway, muscle spasms, inflammation, scar tissue, pain and pain located in multiple sites. The request submitted does not specify a treatment site. There is a lack of documentation indicating if the injured worker has undergone previous treatments for Gunn intramuscular stimulation or the efficacy. Therefore, the request for 3 office visits for Gunn intramuscular stimulation is not medically necessary.