

Case Number:	CM14-0026716		
Date Assigned:	06/13/2014	Date of Injury:	02/21/2013
Decision Date:	07/16/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/03/2014

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 and is licensed to practice in Nevada. 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 34 year-old male who was reportedly injured on 2/21/2013. The mechanism of injury is noted as a vapor explosion which occurred while spray painting. The claimant underwent several skin grafting procedures due to 2nd and 3rd degree burns to the face and upper extremities. The most recent progress note dated 6/18/2013, indicates that there are ongoing complaints of low back pain and left upper extremity pain. The physical examination demonstrated left shoulder range of motion: abduction 175; slight anterior capsular tenderness; negative drop/impingement test; lumbar spine range of motion: flexion 75, extension 20; diffuse paravertebral tenderness with spasm: straight leg raising test negative; sensation intact in lower extremities. Plain radiographs of the thoracic and lumbar spine showed minor right mid-thoracic dextroscoliosis without fracture or listhesis; minor degenerative disease at L5/S1. Plain radiographs of the left shoulder and elbow were normal. Previous treatment includes the medications Norco and Ultram. A request was made for acupuncture twice a week for three weeks for the lumbar spine and transcutaneous electrical nerve stimulation (TENS) unit (4 lead) for a three month rental, which was not certified in the utilization review on 2/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO TIMES A WEEK FOR THREE WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 168.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: MTUS guidelines support acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation to hasten functional recovery. Review of the available medical records, fails to document and on-going physical rehabilitation program. As such, there is insufficient clinical data provided to support this request; therefore, it is not considered medically necessary.

TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) UNIT (4 LEAD) TIMES THREE MONTH RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: Treatment guidelines support the use of a TENS unit in certain clinical settings of chronic pain, as a one-month trial when used as an adjunct to a program of evidence-based functional restoration for certain conditions, and for acute postoperative pain in the first 30 days following surgery. Based on the evidence-based trials, there is no support for the use of a TENS unit as a primary treatment modality. The record provides no documentation of an ongoing program of evidence-based functional restoration. In the absence of such documentation, this request is not meet guideline criteria for a TENS trial. As such, this request is considered not medically necessary.