

<b>Case Number:</b>	CM14-0071374		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 Occupational 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 patient is a 48 year old male who was injured on 07/31/2013 when he was struck by a vehicle while crossing the light in a crosswalk. His past medication history included Norco, Dendracin, anti-hypertensive medication and diabetic pills. Prior treatment history has included TENS unit which has helped. His diagnostic study dated 12/19/2013 revealed left-sided lumbar radiculopathy at L5 and S1. Ortho evaluation dated 03/14/2014 documented the patient to have complaints of pain in his neck rated at its best a 7/10 and at its worse an 8/10. His right elbow pain he rates at its best a 4-5/10 and at its worse a 7/10. His foot pain is in the metatarsophalangeal joint of the big toe. He rates this pain at its best a 5/10 and at its worst a 7-8/10 but states it becomes worse with climbing stairs and lying on his back. The right wrist only causes problems when he is driving or lifting. He denies any numbness in the upper or lower extremities. He has difficulty with activities of daily living and personal hygiene. On exam, deep tendon reflexes were hypoactive. He did have give-way weakness with manual motor testing in the right upper extremity. The elbow revealed mild tenderness along the epicondyles. There was global wrist pain. He did have tenderness along the left metatarsophalangeal joint and in the mid arch of the hallux. He is diagnosed with multiple contusions from pedestrian versus motor vehicle accident and olecranon bursitis, left elbow, with a minimally displaced radial neck fracture, left elbow. Progress report dated 04/25/2014 states the patient complained of low back pain, right knee pain, right elbow pain and right wrist pain. He reported medications and TENS unit help with pain. On exam, he has a mild decrease in range of motion of the lumbar spine and tenderness is present. He is diagnosed with thoracic sprain/strain, wrist sprain/strain, knee sprain/strain, and foot sprain/strain. His medications were refilled and he reported no side effects from them. He was instructed to continue with home exercise program and TENS unit treatment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncturer 8 sessions, lumbar spine, right elbow, right wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Acupuncture.

**Decision rationale:** According to MTUS guidelines, acupuncture may be used when pain medication is reduced or not tolerated or as an adjunct to physical therapy to hasten functional recovery. Time to produce functional improvement is 3 to 6 visits. In this case, it is not clear if or how much acupuncture has been done previously. The request exceeds the recommended quantity to assess efficacy. Medical necessity is not established.

**TENS x 1, purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, TENS.

**Decision rationale:** According to MTUS guidelines, TENS may be recommended for certain neuropathic conditions as an adjunctive treatment if certain criteria are met. However, in this case medical records do not establish neuropathic pain. There is no discussion of outcomes or frequency of use from a TENS trial. Short and long-term goals of TENS usage are not provided. Failure of other standard modalities is not discussed. Medical necessity is not established.