

<b>Case Number:</b>	CM14-0184947		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	09/08/2010
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Family Practice 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:

50 yr. old female claimant sustained a work injury on 9/8/10 involving the neck, wrists and elbows. She was diagnosed with a neck strain, carpal tunnel syndrome, bilateral lateral epicondylitis and DeQuervain's Tenosynovitis. On 12/2010 she had normal electrodiagnostic studies of the upper extremities. Disc space narrowing was shown on cervical x-rays in 2010. A progress note on 10/7/14 indicated the claimant had stationary 8/10 myofascial pain in the involved areas. She was taking Vicodin at the time. Exam findings were notable for decreased range of motion of the cervical spine, epicondyle tenderness and a positive Finklestein test. A TENS unit and 612 sessions of acupuncture was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture ; twelve (12) visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** According to the guidelines, acupuncture is an option for pain reduction as an adjunct to therapy. It takes 3-6 sessions to see improvement. In this case, the claimant's

response to 6 treatments was unknown. The physical medicine guidelines recommend a maximum of 8 sessions. The request for 12 sessions is not medically necessary.

**Trial TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

**Decision rationale:** According to the MTUS guidelines, 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. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use was not specified. The request for a TENS unit is not medically necessary.