MAXIMUS Federal Services

Case Number:	CM15-0004670		
Date Assigned:	01/15/2015	Date of Injury:	12/26/2013
Decision Date:	03/12/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 56 year old female who sustained an industrial injury on 12/26/13. The injured worker reported symptoms in the back. The diagnoses included lumbar radiculopathy, low back pain, left shoulder pain and left rotator cuff strain. Treatments to date have included chiropractor treatments, oral pain medications, ice applications and activity modifications. Provider documentation dated 10/30/14 noted the injured worker presents with "low back pain radiating down the right leg...pain level is 6-7/10, sharp, burning, numbness, tingling and intermittent." The treating physician is requesting durable medical equipment transcutaneous electrical nerve stimulation unit and acupuncture 2 x 3.On 12/29/14, Utilization Review non-certified a request for durable medical equipment transcutaneous electrical nerve stimulation unit and acupuncture 2 x 3, the MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (2x3): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Pain section, Acupuncture

Decision rationale: Pursuant to the Acupuncture Treatment Guidelines and the Official Disability Guidelines, acupuncture two times a week for three weeks is not medically necessary. Acupuncture is recommended according to the specific body parts involved using a short course in conjunction with other interventions. The Official Disability Guidelines acupuncture recommendations are an initial 3 to 4 visits over two weeks; with evidence of reduced pain, medication use and the objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short course therapy. In this case, the injured worker's working diagnoses are lumbar radiculopathy; low back pain; left shoulder pain; and let rotator cuff strain. Subjectively, the injured worker complains of low back pain radiating down the right leg with a VAS scale of 6 of 7/10. Objectively, vital signs were normal and the patient was in no acute distress. There were no other vital signs noted. Documentation indicates the injured worker received prior acupuncture according to a progress note dated April 4, 2014. The injured worker completed six out of six acupuncture sessions. The documentation not contain any acupuncture progress notes. There was no documentation of objective functional improvement to determine the efficacy of acupuncture.The evidence is inconclusive for repeating this procedure (prior acupuncture) beyond an initial short course of therapy. Additionally, the guidelines indicate with objective functional improvement a total of 8 to 12 visits over 4 to 6 weeks may be indicated. There is no documentation of objective functional improvement. Consequently, absent clinical documentation without objective functional improvement to support additional acupuncture, acupuncture two times a week for three weeks is not medically necessary.

DME: Transcutaneous Electrical Nerve Stimulation (TENS) Unit: 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 unit Page(s): 116. Decision based on Non-MTUS Citation Pain section, TENS unit

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, DME: TENS unit is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based optional restoration, including reductions in medication use. Several published evidence-based assessments have found evidence is lacking concerning effectiveness. The criteria for TENS include, but are not limited to, evidence appropriate pain modalities have been tried and failed; a one month trial period of TENS should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental is preferable purchase during trial; other ongoing pain treatment should be documented during the trial. Including medication use; specific short and long-term goals should be documented and submitted; etc. In this case, the injured worker's working diagnoses are lumbar radiculopathy; low back pain; left

shoulder pain; and let rotator cuff strain. Subjectively, the injured worker complains of low back pain radiating down the right leg with a VAS scale of 6 of 7/10. Objectively, vital signs were normal and the patient was in no acute distress. There were no other vital signs noted. The documentation indicates the injured worker used TENS in therapy. There was an initial Physical Medicine and Rehabilitation Evaluation in the medical record dated August 7, 2014. The provider reported the injured worker tried the TENS unit which worsen her pain (page 174/290) of the medical record. Additionally, there is no 30-day trial documented in the medical record. Consequently, absent clinical documentation of the 30 day trial with evidence of objective functional improvement, DME: TENS unit is not medically necessary.