

Case Number:	CM15-0009440		
Date Assigned:	01/27/2015	Date of Injury:	08/29/2013
Decision Date:	03/17/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/15/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 51 year old female who sustained an industrial injury reported on 8/29/2013. She has reported worsening pain with increased work activity with constant pain in the left side of the low back. The diagnoses have included low back pain; lumbar myoligamentous sprain/strain; symptomatic lumbar spinal stenosis; and left lumbar 5- sacral 1 radiculopathy. Treatments to date have included consultations; diagnostic imaging studies; physical therapy; 6 session of acupuncture therapy; chiropractic treatments; electromyogram and nerve conduction studies and nerve conduction studies (2/10/14); epidural steroid injection therapy (11/14); and medication management. The work status classification for this injured worker (IW) was noted to be back to work on restricted duties. On 12/31/2014 Utilization Review (UR) non-certified, for medical necessity, the request made on 12/23/2014, for additional acupuncture treatments to the low back of 2 x a week x 3 weeks; and a multi-stimulator unit for the lumbar spine, x 3 months use at home, plus supplies. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, acupuncture medical treatment guidelines, Neuromuscular electrical stimulation devices, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture low back 2 x 3: 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 rationale: According to MTUS guidelines, “Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm”. Furthermore and according to MTUS guidelines, "Acupuncture with electrical stimulation" is the use of electrical current (microamperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. The patient developed chronic back pain and musculoskeletal disorders for which he underwent sessions of acupunctures. However there is no recent documentation of the efficacy of previous sessions and the request for more acupuncture sessions is not justified. In addition, the number of sessions requested is not justified without documentation of efficacy. More sessions will be considered when functional and objective improvement are documented. Therefore, the request for Additional Acupuncture low back 2 x 3 is not medically necessary.

Multi-stim unit plus supplies x 3 for lumbar spine months for home use: 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
Transcutaneous electrotherapy Page(s): 114.

Decision rationale: According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. There is no recent documentation of recent flare of neuropathic pain. There is no strong evidence supporting the benefit of TENS for back pain disorders. Therefore, the prescription of Multi-stim unit plus supplies x 3 for lumbar spine months for home use is not medically necessary.

