

Case Number:	CM15-0017181		
Date Assigned:	03/10/2015	Date of Injury:	06/24/2011
Decision Date:	04/24/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/27/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old female who sustained an industrial injury on 06/24/2011. The chief complaints are lower back and right leg pain. She presents on 12/17/2014 with complaints of lower back pain radiating into posterior right thigh. Treatment to date included endoscopic discectomy at lumbar 4-5 and lumbar 5-sacral 1, acupuncture, MRI, epidural cortisone injections and medications. Physical exam revealed tenderness over the low back area, right hip and over right sacroiliac joint. Diagnoses includes recurrent right sciatica following lumbar 4-5 and lumbar 5-sacral 1 discectomy and residual foraminal stenosis at lumbar 4, 5 and sacral 1. The injured worker did not want any additional surgery. She received very little relief of pain with lumbar epidural injections. The treatment plan included the request for P-Stim unit for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

P-Stim Unit for Home Use: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Auricular electroacupuncture.

Decision rationale: The patient presents on 12/17/14 with unrated lower back pain which radiates into the posterior right thigh. The patient's date of injury is 06/24/11. Patient is status post endoscopic discectomy at L4/L5 and L5/S1 on the right side on 12/18/13, status post Cortisone injections to the right hip and status post multiple lumbar ESIs at dates unspecified. The request is for P-STIM UNIT FOR HOME USE. The RFA was not provided. Physical examination dated 12/17/14 reveals tenderness to palpation over the spinous ligaments at L4-5 and L5-S1, positive seated straight leg raise test on the right side at 90 degrees, tenderness over the right hip greater trochanteric bursa. Neurological examination reveals decreased sensation along the L5 and S1 dermatomes on the right side. The patient's current medication regimen was not provided. Diagnostic imaging was not provided. Per progress note dated 11/03/14, patient is advised to return to work ASAP. P-Stim is a proprietary auricular acupuncture device. ODG Pain chapter, under Auricular electroacupuncture has the following: "Not recommended. The evidence is insufficient to evaluate the effect of auricular electroacupuncture on acute and chronic pain. In the only published RCT, use of the P-Stim device was not associated with improved pain management. Auricular electrostimulation or ear-acupuncture is a type of ambulatory electrical stimulation of acupuncture points on the ear. Devices, including the P-Stim and E-pulse, have been developed to provide continuous or intermittent stimulation over a period of several days. This type of electrostimulation is being evaluated for a variety of conditions, including pain, depression, and anxiety. Both the P-Stim () and the E-pulse () devices have received marketing clearance through the FDA abbreviated 510(k) process for use in treating acute or chronic pain by a qualified practitioner of acupuncture." In regard to the purchase of a home-use P-Stim unit for this patient's continuing lumbar spine pain, the requested device is not supported by guidelines. While this patient presents with significant pain in the lower back and right lower extremity and an extensive treatment history directed at these complaints, ODG does not support the use of Auricular electroacupuncture for chronic pain at this time. P-Stim devices are FDA approved only for use by qualified acupuncture practitioners, not for personal in-home use. Therefore, the request IS NOT medically necessary. In regard to the purchase of a home-use P-Stim unit for this patient's continuing lumbar spine pain, the requested device is not supported by guidelines. While this patient presents with significant pain in the lower back and right lower extremity and an extensive treatment history directed at these complaints, ODG does not support the use of Auricular electroacupuncture for chronic pain at this time. P-Stim devices are FDA approved only for use by qualified acupuncture practitioners, not for personal in-home use. Therefore, the request IS NOT medically necessary.