

Case Number:	CM15-0131427		
Date Assigned:	07/17/2015	Date of Injury:	10/05/2010
Decision Date:	08/17/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/07/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 58-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of October 5, 2010. In a Utilization Review report dated June 25, 2015, the claims administrator failed to approve requests for a TENS unit, an L5-S1 facet injection, and six sessions of acupuncture. The claims administrator referenced a May 27, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On an RFA form of May 14, 2015, acupuncture, a TENS unit, and the facet injection in question were endorsed. On May 23, 2015, topical Terocin lotion was endorsed. In an associated work status report of May 27, 2015, the applicant was returned to regular duty work. In a handwritten note dated May 27, 2015, the applicant reported 9/10 low back pain with associated numbness, tingling, burning, and throbbing sensations, it was reported. The note was difficult to follow and not altogether legible. The applicant was asked to continue regular duty work and employ facet injection for reported facetogenic tenderness. A knee brace was also sought. Terocin lotion was prescribed. The applicant was also using naproxen, Prilosec, Robaxin, and tramadol, it was reported. In a handwritten note dated May 14, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back pain. The attending provider suggested that the applicant's TENS unit had broken and needed replacement. The attending provider reiterated that the applicant was working regular duty and apparently deriving appropriate analgesia from medications and the TENS device.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS machine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: Yes, the request for a TENS unit was medically necessary, medically appropriate, and indicated here. The request in question was framed as a request for a replacement TENS unit via a handwritten progress note of May 14, 2015, at which point it was suggested that the applicant's previously furnished TENS unit had broken and/or needed replacement. Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that provision of a TENS unit on a purchase basis should be predicated on evidence of lasting analgesia and functional improvement during an earlier one-month trial of the same. Here, the attending provider did reiterate that the applicant was deriving appropriate analgesia with ongoing usage of the TENS unit and also stated that the applicant had maintained full-time, regular duty work status, per progress notes of May 14, 2015 and May 27, 2015. Provision of a replacement TENS unit was, thus, indicated, as the applicant had demonstrated evidence of functional improvement as defined in MTUS 9792.20e with prior usage of the same. Therefore, the request was medically necessary.

Hydrocortisone injection of the L5-S1 facet; left: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 607 1.

Decision rationale: Conversely, the request for facet injection at L5-S1 was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, facet joint injections, the article at issue, are deemed "not recommended." The Third Edition ACOEM Guidelines Low Back Chapter likewise notes that therapeutic facet joint injections are not recommended in the treatment of any radicular pain syndrome. Here, the applicant was described on May 27, 2015 as having ongoing complaints of low back pain with radiation to pain to and burning, throbbing, and tingling pain about the lower extremities, all of which were suggestive or evocative of an active radicular pain syndrome. The attending provider's handwritten progress notes of May 27, 2015 and May 14, 2015 failed to furnish a compelling applicant-specific rationale for pursuit of facet injection therapy in the face of the unfavorable ACOEM position (s) on the same. Therefore, the request was not medically necessary.

Acupuncture treatment, twice a week for three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Finally, the request for six sessions of acupuncture was likewise not medically necessary, medically appropriate, or indicated here. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1a3 acknowledge that acupuncture can be employed in the chronic pain context present here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.1.d to the effect that acupuncture treatments may be extended only if there is evidence of functional improvement as defined in section 9792.20e. Here, both the handwritten progress notes and RFA forms of May 14, 2015 and May 27, 2015 were thinly and sparsely developed, difficult to follow, not entirely legible, and did not clearly outline whether the applicant had or had not had prior acupuncture. It was not clear whether the request was a first-time request for acupuncture or an extension request for the same. The applicant's response to prior acupuncture (if any) was not clearly detailed or characterized. Therefore, the request was not medically necessary.