MAXIMUS Federal Services

Case Number:	CM15-0135253		
Date Assigned:	07/23/2015	Date of Injury:	06/16/2009
Decision Date:	08/19/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/13/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59 year old female with a June 16, 2009 date of injury. A progress note dated May 26, 2015 documents subjective complaints (thoracic spine and worsening lumbar spine pain, stiffness and weakness), objective findings (thoracic and lumbar spine tenderness to palpation; thoracic and lumbar spine spasms; positive straight leg raise; decreased range of motion and strength of the lumbar spine), and current diagnoses (lumbar sprain/strain; thoracic/lumbosacral neuritis/radiculitis; sciatica). Treatments to date have included medications, epidural steroid injection, water therapy, and imaging studies. The treating physician documented a plan of care that included a transcutaneous electrical nerve stimulator unit and acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unite (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: The claimant sustained a work injury in June 2009 and continues to be treated for thoracic and lumbar spine pain. Treatments have included medications, injections, pool therapy, and there is reference to prior acupuncture treatments. When seen, there was thoracic and lumbar pain, stiffness, and weakness. Straight leg raising was positive. There was decreased lumbar spine range of motion. Authorization for 12 acupuncture treatment sessions and for a TENS unit was requested. A one-month home-based trial of TENS may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of TENS. Providing a TENS unit was not medically necessary.

Acupuncture treatment; twelve (12) visits (2x6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant sustained a work injury in June 2009 and continues to be treated for thoracic and lumbar spine pain. Treatments have included medications, injections, pool therapy, and there is reference to prior acupuncture treatments. When seen, there was thoracic and lumbar pain, stiffness, and weakness. Straight leg raising was positive. There was decreased lumbar spine range of motion. Authorization for 12 acupuncture treatment sessions and for a TENS unit was requested. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency or 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the number of initial treatments requested is in excess of guideline recommendations. The requested acupuncture treatments were not medically necessary.