

<b>Case Number:</b>	CM15-0182582		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	07/29/2014
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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:

The injured worker is a 42-year-old female, who sustained an industrial injury on 7-29-2014. She reported injuries to the upper back, lower back, left shoulder, head and problems with anxiety and depression from repetitive work activities. Diagnoses include lumbar facet arthropathy and myofascial pain. Treatments to date include activity modification, medication therapy, lumbar epidural steroid injections, physical therapy, and at least six acupuncture treatments. Currently, she complained of ongoing pain in the low back and bilateral wrists and neck pain with upper extremity numbness and tingling in bilateral upper extremities and intermittent headaches. On 8-4-15, the physical examination documented no acute findings. The appeal requested authorization for a TENS unit, MRI of the lumbar spine, and twelve (12) acupuncture sessions. The Utilization Review dated 9-1-15, denied the Tens Unit and MRI of the lumbar spine, and modified the acupuncture sessions to allow four acupuncture sessions of the twelve requested, indicating the records did not support that the California Medical treatment Utilization Schedule (MTUS) Guidelines were met.

### 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 Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The claimant sustained a work injury in July 2014 and is being treated for headaches, wrist and low back pain and neck pain with upper extremity numbness and tingling. Recent treatments include chiropractic care with six sessions as of 02/26/15 and acupuncture with six sessions as of 04/08/15. Electro diagnostic testing of the lower extremities in May 2015 was normal. When seen, there was bilateral wrist pain rated at 4/10 and neck pain was rated at 6/10. She was having headaches and right shoulder pain. She was having constant low back pain, which had been helped by acupuncture and heat application. Physical examination findings were intact left lower extremity sensation. A lumbar corset and heating pad were provided. 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 is not medically necessary.

**Acupuncture 2x a week for 6 weeks (12 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The claimant sustained a work injury in July 2014 and is being treated for headaches, wrist and low back pain and neck pain with upper extremity numbness and tingling. Recent treatments include chiropractic care with six sessions as of 02/26/15 and acupuncture with six sessions as of 04/08/15. Electro diagnostic testing of the lower extremities in May 2015 was normal. When seen, there was bilateral wrist pain rated at 4/10 and neck pain was rated at 6/10. She was having headaches and right shoulder pain. She was having constant low back pain, which had been helped by acupuncture and heat application. Physical examination findings were intact left lower extremity sensation. A lumbar corset and heating pad were provided. 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 of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the additional treatments being requested are in excess of the recommended number and duration of treatments and no adjunctive treatment is being planned. The request is not medically necessary.

**MRI of the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging): Indications for imaging.

**Decision rationale:** The claimant sustained a work injury in July 2014 and is being treated for headaches, wrist and low back pain and neck pain with upper extremity numbness and tingling. Recent treatments include chiropractic care with six sessions as of 02/26/15 and acupuncture with six sessions as of 04/08/15. Electro diagnostic testing of the lower extremities in May 2015 was normal. When seen, there was bilateral wrist pain rated at 4/10 and neck pain was rated at 6/10. She was having headaches and right shoulder pain. She was having constant low back pain, which had been helped by acupuncture and heat application. Physical examination findings were intact left lower extremity sensation. A lumbar corset and heating pad were provided. Indications for imaging obtaining an MRI of the lumbar spine would include a history of trauma with neurological deficit, when there are red flags such as suspicion of cancer or infection, or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there are no identified red flags. There is no reported neurological deficit. An MRI of the lumbar spine is not medically necessary.