

Case Number:	CM15-0183692		
Date Assigned:	09/24/2015	Date of Injury:	11/11/2013
Decision Date:	11/06/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/18/2015

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 11-11-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for herniated disc at T7, lumbar spondylolisthesis at L4-5, lumbar facet arthrosis with stenosis at L4-5 and L5-S1, and sacroiliac joint dysfunction. Medical records (to 08-06-2015) indicate ongoing and worsening chronic neck, back and right leg pain as well as cramping in the back of the head and throughout the spine, burning pain in the buttocks, cramping in the left posterior leg, abdominal pain, and pain in the upper thighs. The back pain level was rated 7-8 out of 10 on a visual analog scale (VAS) and leg pain 7 out of 10 with 90% of the pain in the back and 10% in the legs. The neck pain was rated 7 out of 10 and arm pain was 4 out of 10 with 90% neck pain and 10% arm pain. Records also indicate no changes in activity levels, tolerance levels and level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-06-2015, revealed 75% of normal range of motion in the cervical spine, normal gait and stance, tenderness over the midline thoracic spine at approximately T7, tenderness over the thoracic paraspinal muscles and lumbar paraspinal muscles particularly at L4-5 and L5-S1, limited lumbar flexion (25% of expected), severely limited lumbar extension, tenderness over the sacroiliac joint on the right, and positive Patrick's test, pelvic compression and resisted abduction. Sensation, motor strength and reflexes were normal. Previous physical exams (dating back to 04-22-2015) show no changes in physical findings. Relevant treatments have included aquatic therapy with good response, radiofrequency rhizotomies (with excellent but short-term relief), physical therapy (PT), work restrictions, and

pain medications. The progress report (08-06-2015) shows that the following therapy and durable medical equipment were requested: 12 sessions of acupuncture, and one TENS (Transcutaneous Electrical Nerve Stimulation) unit. The original utilization review (08-24-2015) partially approved the request for 12 sessions of acupuncture (6 sessions approved and 6 sessions non-certified) based on a trial period to establish benefit, and non-certified the request for the TENS unit based on the absence of failed conservative treatments and non-specified body part.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Quantity # 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient was injured on 11/11/13 and presents with low back pain. The request is for acupuncture quantity # 12. There is no RFA provided and the patient is on temporary total disability until 10/01/15. There is no indication of any recent acupuncture sessions the patient may have had. MTUS Guidelines, Acupuncture Section, page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e), a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. The patient has 75% of normal range of motion in the cervical spine, tenderness over the midline thoracic spine at approximately T7, tenderness over the thoracic paraspinal muscles and lumbar paraspinal muscles particularly at L4-5 and L5-S1, limited lumbar flexion, severely limited lumbar extension, tenderness over the sacroiliac joint on the right, and positive Patrick's test, pelvic compression and resisted abduction. In this case, there is no indication that the patient has had any prior acupuncture sessions. It may be reasonable to provide an initial trial of 3 to 6 treatments to produce functional improvement, as required by MTUS Guidelines. However, the treating physician is requesting for a total of 12 sessions of acupuncture which exceeds what the guidelines recommend for an initial trial. The requested 12 sessions of acupuncture IS NOT medically necessary.

Tens Unit # 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient was injured on 11/11/13 and presents with low back pain. The request is for TENS UNIT # 1. There is no RFA provided and the patient is on temporary total

disability until 10/01/15. There is no indication of any recent use of the TENS unit, although there is documentation of a TENS trial on 09/10/14. MTUS Guidelines, TENS Chronic Pain Transcutaneous Electrical Nerve Stimulation, page 116 states that TENS unit have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with the documentation of functional improvement, additional usage maybe indicated. The patient has 75% of normal range of motion in the cervical spine, tenderness over the midline thoracic spine at approximately T7, tenderness over the thoracic paraspinal muscles and lumbar paraspinal muscles particularly at L4-5 and L5-S1, limited lumbar flexion, severely limited lumbar extension, tenderness over the sacroiliac joint on the right, and positive Patrick's test, pelvic compression and resisted abduction. Although the patient has had prior use of the TENS unit, there is no evidence of a one month trial as indicated by MTUS guidelines. There is no discussion provided regarding how the prior TENS use impacted the patient's pain and function. Therefore, the requested TENS unit IS NOT medically necessary.