

<b>Case Number:</b>	CM15-0195694		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	05/21/2014
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Anesthesiology, 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 41-year-old male who sustained an industrial injury on 5-21-2014. Diagnoses have included lumbar spine musculoligamentous injury with discopathy, lumbar and cervical spine sprain ad strain with discopathy, discogenic low back pain, L4-S1 herniated nucleus pulposus with neural foraminal stenosis, and left shoulder sprain and strain. Diagnostic MRI lumbar spine was performed 5-17-2015. Documented treatment includes physical therapy, home exercise, acupuncture stated by the physician in an appeal note 8-8-2015 to have "helped improve cervical, bilateral knee and low back regions," and medication. On 7-20-2015 the injured worker is noted as showing improvement with neck pain with physical therapy but still having intermittent pain. Improvement was also noted with knees and low back pain. Pain rating was not provided. The physician has stated he had "largely" full cervical range of motion, and lumbar showed flexion at 40 degrees, extension 15, and lateral flexion 20 degrees bilaterally. On 8-31-2015 the injured worker reported with continued low back pain, slowly improving neck stiffness, and it was noted that he had completed an unspecified number of physical therapy sessions. Pain rating or character was not provided. The treating physician's plan of care includes a 30 day trial of home TENS unit and 12 acupuncture sessions for the cervical and lumbar spine but these were denied on 9-16-2015. The injured worker has not been working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transcutaneous electrical nerve stimulation(TENS) unit, 1 month trial with supplies:**  
Upheld

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

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

**Decision rationale:** According to the MTUS, TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for the conditions described below: a home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II, CRPS I, neuropathic pain, phantom limb pain, spasticity, multiple sclerosis. According to the documents available for review, injured worker has none of the MTUS / recommended indications for the use of a TENS unit. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.

**Acupuncture 2x a week for 6 weeks with modalities for the cervical and lumbar spine:**  
Upheld

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

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

**Decision rationale:** Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and or surgical intervention to hasten is a functional recovery. Time to produce functional improvement is 3 to 6 treatments, frequency 1 to 3 times per week, optimum duration 1 to 2 months. Acupuncture treatments may be extended a functional improvement is documented. According to the documents available for review, the IW previously underwent several sessions of acupuncture without documented functional improvement. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.