

Case Number:	CM15-0195914		
Date Assigned:	10/09/2015	Date of Injury:	05/19/2014
Decision Date:	12/03/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	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: 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 injured worker is a 50-year-old female, with a reported date of injury of 05-19-2014. The diagnoses include carpal tunnel syndrome and lumbar sprain and strain. The progress report dated 09-10-2015 indicates that the injured worker had undergone acupuncture treatments. It was noted that the acupuncture helped to reduce her wrist pain and improve the mobility in her wrist and hand; however, it did not help a lot with her lumbar spine. The treating physician noted that since there was functional improvement in her hand with acupuncture, another short course of acupuncture was ordered. The medical records provided did not include the previous acupuncture treatment reports. The treating physician also ordered a short course of chiropractic care for the lumbar spine and shoulders, "since the manipulations were beneficial in improving her range of motion and function". The physical examination showed tenderness to pressure over the right first carpometacarpal joint; reduced sensation in the right median nerve dermatomal distribution; negative Tinel's and Finkelstein's tests; spasm in the lumbar paraspinal muscles; tenderness to palpation of the lumbar paraspinal muscles; normal sensation to pinprick or light touch in the dermatomes of the lower extremities; restricted lumbar range of motion; negative bilateral straight leg raise test; and normal heel and toe walking, bilaterally. The treatment plan also included a TENS unit to reduce the injured worker's pain at home during exacerbations caused from working. The injured worker's work status was noted as modified work. The diagnostic studies to date have not been included in the medical records. Treatments and evaluation to date have included Ketoprofen, Omeprazole, and acupuncture. The request for authorization was dated 09-10-2015. The treating physician requested acupuncture two times a

week for three weeks for the right hand and wrist, chiropractic treatment two times a week for three weeks to the lumbar spine and shoulders, and a TENS unit to the lumbar spine. On 09-18-2015, Utilization Review (UR) non-certified the request for acupuncture two times a week for three weeks for the right hand and wrist, chiropractic treatment two times a week for three weeks to the lumbar spine and shoulders, and a TENS unit to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 3 weeks right hand and wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain to improve function. The recommended time to produce functional improvement is 3 to 6 sessions at a frequency of 1 to 3 times per week over 1 to 2 months. Additional treatments may be necessary if there is documented functional improvement as a result to the trial of 3 to 6 sessions. In this case, the injured worker has completed 6 sessions of acupuncture treatment but there is a lack of objective documentation of a decrease in pain or increase in function attributable to the acupuncture. The request for acupuncture 2 times a week for 3 weeks right hand and wrist is determined to not be medically necessary.

Chiropractic 2 times a week for 3 weeks lumbar spine and shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Per the MTUS Guidelines, chiropractic care consisting of manual therapy and manipulation for the low back is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. A therapeutic trial of 6 visits over 2 weeks is recommended. If there is evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks is recommended. Elective or maintenance care is not recommended. Recurrences or flare ups should be evaluated for treatment success, and if return to work is achieved, 1-2 visits every 4-6 months is reasonable. In this case, the injured worker has already participated in an unknown number of previous chiropractic sessions without documentation of the efficacy of the treatment. The request for chiropractic 2 times a week for 3 weeks lumbar spine and shoulders is determined to not be medically necessary.

TENS (transcutaneous electrical nerve stimulation) unit lumbar spine: 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: The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used as well as outcomes in terms of pain relief and function, and a treatment plan including specific short and long term goals of treatment. In this case, it is unclear if this is a request for a one-month trial of TENS or a purchase. There is documentation of a prior request for TENS but it is unclear if it was approved. There is no documentation of any outcomes if there was a prior use of TENS. The request for TENS (transcutaneous electrical nerve stimulation) unit lumbar spine is determined to not be medically necessary.