

Case Number:	CM15-0029435		
Date Assigned:	02/23/2015	Date of Injury:	04/11/2014
Decision Date:	04/03/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/17/2015

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: Emergency 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 40 year old male, who sustained a work/ industrial injury on 4/11/14 when he fell from a ladder injuring his lumbar spine and left hip. Medical history included hypertension. He has reported symptoms of intermittent, moderate, sharp, and stabbing low back pain that would radiate to the left buttock accompanied by loss of sleep and depression due to the pain. The diagnoses have included lumbar radiculitis; lumbar sprain/strain. Treatments to date included medication, orthopedic evaluation, psychology consult, custom orthotic, acupuncture, and aquatic therapy. Medications included Naproxen, Pantoprazole, Orphenadrine, Zolpidem, Flurbiprofen-Tramadol in a Mediderm base, Gabapentin-Dextromethorphan-Amitriptyline in Mediderm base, and Hydrocodone-APA.P. Physical exam noted decreased and painful range of motion, tenderness with palpation of the bilateral sacroiliac joints, L3-S1 spinous processes and lumbar paravertebral muscles with spasm. Kemp's test caused pain. On 1/27/15, Utilization Review non-certified an Interferential unit x 5 month rental for the lumbar spine; Acupuncture 1 x 6 for the lumbar spine, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines, Chronic Pain and Acupuncture Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit x 5 month rental for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ICS Page(s): 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electro therapy, Interferential current stimulation, Page 118-120 Page(s): 118-120.

Decision rationale: The requested Interferential unit x 5 month rental for the lumbar spine is not medically necessary. CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120, noted that this treatment is "Not recommended as an isolated intervention." There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. There are no published randomized trials comparing TENS to Interferential current stimulation; and the criteria for its use are: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). The injured worker has low back pain that would radiate to the left buttock accompanied by loss of sleep and depression due to the pain. The treating physician has documented decreased and painful range of motion, tenderness with palpation of the bilateral sacroiliac joints, L3-S1 spinous processes and lumbar paravertebral muscles with spasm. Kemp's test caused pain. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, Interferential unit x 5 month rental for the lumbar spine is not medically necessary.

Acupuncture 1 x 6 for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested Acupuncture 1 x 6 for the lumbar spine for the lumbar spine is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture may be used as an adjunct to physical rehabilitation. The injured worker has low back pain that would radiate to the left buttock accompanied by loss of sleep and depression due to the pain. The treating physician has documented decreased and painful range of motion, tenderness with palpation of the bilateral sacroiliac joints, L3-S1 spinous processes and lumbar paravertebral muscles with spasm. Kemp's test caused pain. The treating physician has not documented objective evidence of derived functional improvement from completed acupuncture sessions. The criteria noted above not having been met, Acupuncture 1 x 6 for the lumbar spine is not medically necessary.