

<b>Case Number:</b>	CM15-0218794		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	04/09/2015
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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 29 year old male, who sustained an industrial injury on 4-09-2015. The injured worker is being treated for lumbar sprain-strain with lower extremity radiculopathy and degenerative disc disease. Treatment to date has included diagnostics, chiropractic care and 6 sessions of acupuncture. Magnetic resonance imaging (MRI) of the lumbar spine dated 6-04-2015 showed multilevel broad based disc bulges with bilateral neural foraminal narrowing, facet arthrosis and L5-S1 disc desiccation with a 6mm focal disc protrusion. Per the Primary Treating Physician's Progress Report dated 9-16-2015, the injured worker has completed 6 sessions of acupuncture with decreased pain and spasms and the ability to perform more ADLs with less pain. However, he continues to experience frequent numbness and tingling in the bilateral lower extremities. Objective findings included tenderness and spasm to the lumbar spine, positive straight leg raise, and decreased sensation in the right lower extremity. There is no documentation of clear, significant improvement in symptoms, or decrease in pain level with the current treatment. Work status was temporarily totally disabled for 6 weeks. The plan of care included, and authorization was requested on 9-16-2015 for an additional 12 (2x6) sessions of acupuncture, interferential unit, lumbar (LSO) brace and Thermaphore heating pad for lumbar spine. On 10-07-2015, Utilization Review non-certified the request for an additional 12 sessions of acupuncture, inferential unit and LSO brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **12 Sessions of Acupuncture: Upheld**

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

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

**Decision rationale:** There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this injury with ongoing unchanged chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support this request or specific conjunctive therapy towards a functional restoration approach for acupuncture visits, beyond guidelines criteria. It appears the patient has received 6 acupuncture sessions for this injury nor what specific functional benefit if any were derived from treatment with the patient remaining temporarily totally disabled. Submitted reports have not demonstrated functional improvement or medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, improved VAS score, decreased pharmacological profile of use and dose, decreased medical utilization nor is there report of acute flare-up or new injuries from conservative treatments already rendered. The 12 Sessions of Acupuncture is not medically necessary and appropriate.

## **Interferential Unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Interferential therapy.

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

**Decision rationale:** The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved functional status derived from any transcutaneous electrotherapy to warrant an interferential unit for home use for this injury. Additionally, IF unit may be used in conjunction to a functional restoration process with improved work status and exercises not demonstrated here. The Interferential Unit is not medically necessary and appropriate.

## **LSO Brace: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Work-Relatedness, Physical Methods.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** CA MTUS notes lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient is well beyond the acute phase of this injury. In addition, ODG states that lumbar supports are not recommended for prevention; is under study for treatment of nonspecific LBP; and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Submitted reports have not adequately demonstrated indication or support for the request beyond the guidelines recommendations and criteria. The LSO Brace is not medically necessary and appropriate.