

<b>Case Number:</b>	CM15-0038650		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	09/09/2013
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 31-year-old female, who sustained an industrial injury on September 9, 2013. The diagnoses have included low back pain and left knee pain. Treatment to date has included home exercise program (HEP) and medication. Currently, the injured worker complains of back and left knee pain. The Primary Treating Physician's report dated January 16, 2015, noted the injured worker with tenderness in the low back, decreased range of motion (ROM) secondary to pain, and some swelling and tenderness in the joint line area. On February 3, 2015, Utilization Review non-certified a TENS (transcutaneous electrical neurostimulation) unit for home use and Acupuncture, 2 times weekly for 6 weeks (12 visits), noting the request for a TENS unit at home was modified for a 30 day trial as medically necessary and appropriate, and that the request for acupuncture was non-certified as the outcome of the TENS unit trial should first be assessed before adding additional intervention such as acupuncture. The MTUS Chronic Pain Medical Treatment Guidelines and non-MTUS guidelines were cited. On March 2, 2015, the injured worker submitted an application for IMR for review of a TENS (transcutaneous electrical neurostimulation) unit for home use and Acupuncture, 2 times weekly for 6 weeks (12 visits).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS (transcutaneous electrical neurostimulation) unit for home use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

**Decision rationale:** According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use was not specified. The request for a TENS unit is not medically necessary.

**Acupuncture, 2 times weekly for 6 weeks (12 visits):** Upheld

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

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

**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 functional recovery. The guidelines recommended 3-6 treatments to see improvement. In this case, the request for 12 sessions exceeds the amount to determine benefit. In addition, the treatment is considered optional. The request for 12 sessions of acupuncture is not medically necessary.