

Case Number:	CM15-0045374		
Date Assigned:	03/17/2015	Date of Injury:	03/10/2009
Decision Date:	05/04/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/10/2015

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: Internal 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 an industrial injury on 3/10/2009. His diagnoses, and/or impressions, include lumbar disc displacement without myelopathy; lumbar post-lumbar laminectomy syndrome; lumbalgia; thoracic/lumbosacral neuritis/radiculitis; spasm of muscle; shoulder pain; and sprain of knee and leg. His treatments have included 2 failed lumbar fusions and medication management. The physician progress notes of 1/15/2015 reported complaints of the left lumbar, left sacroiliac, left hip, sacral, right sacroiliac and right lumbar pain; as well as numbness with tingling in the left pelvis, right and left buttock, sacral, right and left sacroiliac, right hip, and pubic. It was noted that the injured worker was extremely depressed and that his pain was helped slightly by medication and therapy. The physician's requests for treatment included acupuncture for the lumbar spine, a home interferential stimulator unit, and a referral to a spine surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 3- Lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Work Loss Data Institute, Low back - lumbar & thoracic (acute & chronic) 2013 <http://www.guideline.gov/content.aspx?id=47586>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses acupuncture. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) indicates that acupuncture has not been found effective in the management of back pain, based on several high-quality studies. Work Loss Data Institute guidelines indicate that acupuncture for the low back is not recommended. The medical records document a history of low back complaints. ACOEM guidelines indicate that acupuncture is not recommended for low back conditions. Work Loss Data Institute guideline indicates that acupuncture is not recommended for low back conditions. Acupuncture for low back complaints is not supported by ACOEM / MTUS guidelines. Therefore, the request for acupuncture is not medically necessary.

Home Interferential Stimulator Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page 114-121. Interferential Current Stimulation (ICS) Pages 118-120. Electrical stimulators (E-stim) Page 45. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Interferential therapy. Work Loss Data Institute - Pain (chronic) 2013 <http://www.guideline.gov/content.aspx?id=47590>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses interferential current stimulation (ICS). Interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and methodologic issues. Although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy. Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) indicates that interferential therapy is not generally recommended. Work Loss Data Institute guidelines for chronic pain (2013) indicates that interferential current stimulation (ICS) are not recommended. Medical records document a history of low back complaints. MTUS, ODG, and Work Loss Data Institute guidelines do not support the request for an IF interferential unit. Therefore, the request for interferential unit is not medically necessary.

Referral to Spine Surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. The physical medicine & rehabilitation progress report dated 2/26/15 documented a history of two failed lumbar surgeries. Referral to a neurosurgery specialist due to failed lumbar surgery for consultation and repair of failed surgery was requested. Medical records indicate that the patient would benefit from the expertise of a spine surgeon. The request for a referral to a spine surgeon is supported by MTUS and ACOEM guidelines. Therefore, the request for spine surgeon referral is medically necessary.