

<b>Case Number:</b>	CM15-0058739		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	10/06/2011
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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 38 year old male, who sustained an industrial injury on 10/06/2011. He reported a radicular pain down left arm after picking up a heavy bucket. A MRI diagnosed him with herniated disc at C5-C6 with compression the spinal cord. He underwent an anterior cervical disc fusion at C5-C6. On provider visit dated 01/14/2015 the injured worker has reported continuation of neck pain with occasional radiation of pain though the upper extremities mainly the left side. Injured worker states the pain medication only works briefly. The diagnoses have included cervical myelopathy. Treatment to date has included physical therapy, medication, and psychological evaluation for depression, pain specialist, nerve conduction study and electromyogram. The provider requested cervical spine acupuncture and TENS unit rental for symptom management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Spine Acupuncture Treatment 2x3:** Overturned

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

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

**Decision rationale:** According to the guidelines, "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. In this case, the claimant had persistent pain despite undergoing conservative measures. It takes 3-6 sessions to see functional benefit. As a result, the request for 6 sessions of acupuncture is appropriate and medically necessary.

**TENS Unit rental for 30 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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. Other interventions completed including pain medication and therapy has more proven benefit. The request for a TENS unit is not medically necessary.