

Case Number:	CM15-0082760		
Date Assigned:	05/05/2015	Date of Injury:	02/01/2014
Decision Date:	06/09/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	04/30/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 49-year-old female who sustained an industrial injury on 2/1/14. The injured worker reported symptoms in the back and lower extremities. The injured worker was diagnosed as having chronic lumbar strain with probably lumbar discopathy with mild bilateral lower extremity sciatica. Treatments to date have included non-steroidal anti-inflammatory drugs, and activity modification. Currently, the injured worker complains of lower back pain with radiation to the lower extremities. Magnetic resonance imaging dated 4/9/15 notes L5-S1 right lateral and foraminal disc protrusion with mild bilateral neural foraminal stenosis. The plan of care was for transcutaneous electrical nerve stimulation unit and supplies and acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit & Supplies (x30 day) trial: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit, page(s) 113-115.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for TENS unit. MTUS guidelines state the following: Not recommended as a primary treatment modality. While TENS may reflect the long standing accepted standard of care within many medical communities, the results of studies are inconclusive, the published trials do not provide parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several studies have found evidence lacking concerning effectiveness. A one-month trial may be considered for condition of neuropathic pain and CRPS, phantom limb, multiple sclerosis and for the management of spasticity in a spinal cord injury. The patient does not meet the diagnostic criteria at this time. According to the clinical documentation provided and current MTUS guidelines, A TENS unit is not medically necessary to the patient at this time.

Acupuncture x12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Acupuncture, 12 sessions. MTUS guidelines state the following: initial trial of 3-6 visits over 3 weeks. The request exceeds the recommended amount of Acupuncture recommended. 6 visits has been previously approved, the current request is for 12 sessions. According to the clinical documentation provided and current MTUS guidelines; Acupuncture, as written above, is not medically necessary to the patient at this time.