

Case Number:	CM14-0140689		
Date Assigned:	09/10/2014	Date of Injury:	05/14/2012
Decision Date:	10/14/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 30-year-old female who reported injury on 05/14/2012. The mechanism of injury was not provided. Diagnoses included numbness and paresthesia of the skin, and sprain/strain of the trapezoid. Her past treatment included unspecified medication, but was it noted to make her feel "funny," and she was not allowed to take it at work. She was working full time on regular duty. The progress note dated 06/30/2014 noted the injured worker was requesting micro-current treatment. The physical exam revealed mild tenderness over the neck and shoulder girdle, movement mildly restricted due to pain in all directions, with normal stability, strength and tone. Infraspinus tenderness, a rhomboid trigger point, and pain with extension to 40 were noted for the left shoulder; abduction, internal rotation, and external rotation were full and painless. Medications included none, but she was using peppermint oil on her neck and shoulders. The treatment plan requested was micro-current treatment. The Request for Authorization form was submitted on 07/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Microcurrent point stimulation treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter (MENS)

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for microcurrent point stimulation treatment is not medically necessary. The injured worker had tenderness to her neck and shoulder, with mildly limited extension of her left shoulder to 40. Abduction, internal rotation, and external rotation were full and painless, and she was able to work without limitations. The California MTUS guidelines recommend acupuncture to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture with electrical stimulation can be used to increase the effectiveness of the acupuncture needles by continuous stimulation of the acupoint. Acupuncture is used as an option when pain medication is reduced or not tolerated, as an adjunct treatment to hasten functional recovery, and functional improvement should be noted in the initial 3-6 treatments. There is no documentation of pain, inflammation, nausea, anxiety, or muscle spasm. There is a lack of documentation indicating the injured worker's pain medication has been reduced or not tolerated. There were no other treatments noted. Furthermore, the number of visits requested is not indicated within the submitted request to determine medical necessity. There is a lack of evidence of functional limitation, a lack of documentation of pain, and a lack of documentation of first-line medication intolerance; therefore, the use of microcurrent stimulation treatment is not indicated at this time. Therefore, the request is not medically necessary.