

Case Number:	CM14-0147698		
Date Assigned:	09/15/2014	Date of Injury:	05/26/2004
Decision Date:	10/24/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/11/2014

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 has a subspecialty in Pain Medicine 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 39-year-old female who reported an injury on 05/25/2004. The mechanism of injury was not indicated. The injured worker had diagnoses that included cervical disc injury with pain radiating to the left upper extremity. Prior treatment included a Toradol injection and an epidural steroid injection. Diagnostic studies included an MRI of the cervical and lumbar spine, electromyography, and nerve conduction velocity. The injured worker's surgical history was not provided in the medical records. The clinical note dated 07/23/2014 noted the injured worker reported pain to her neck which extended down both arms to her hands in the C6 distribution. The provider noted the injured worker underwent an epidural steroid injection previously which provided 50% pain relief to the legs and 50% pain relief to the low back and increased the injured worker's functional ability by 20%. The injured worker had triggers to the posterior trapezius. Cervical spine extension was to 20 degrees, right bending was to 75 degrees, and left bending was to 80 degrees. The provider noted the injured worker was 5' 4" tall and weighed 232 lbs. Medications included Flexeril. The treatment plan included a request for acupuncture, evaluation for 12 sessions, 2 times a week for 6 weeks, 6 sessions for each body part, in the treatment of the cervical and lumbar spine #12 sessions, a request for a weight loss program unspecified, and a request for durable medical equipment TENS unit, rental or purchase. The physician recommended Acupuncture and the use of a TENS unit for the injured worker's chronic myofascial dysfunction in the cervical spine and lumbar spine. The physician's rationale for the weight loss program was not provided within the documentation. The Request for Authorization was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture evaluation and 12 sessions, 2 times a week for 6 weeks, 6 sessions for each body part, in treatment of the cervical and lumbar spine QTY: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines.

Decision rationale: The request for Decision for Acupuncture evaluation and 12 sessions, 2 times a week for 6 weeks, 6 sessions for each body part, in treatment of the cervical and lumbar spine QTY: 12, is not medically necessary. The injured worker complained of chronic neck pain to her upper extremities, numbness in her hands, and persistent aching in her lower back radiating to her left leg. The California MTUS guidelines note 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. Acupuncture can be used 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. The guidelines recommend 3 to 6 treatments in order to demonstrate the efficacy of the therapy with an optimum duration of 1 to 2 months at a frequency of 1 to 3 times per week. There is no indication that the injured worker's pain medication was reduced or was not tolerated. The request for 12 sessions would exceed the guidelines recommendation for 6 initial sessions of acupuncture in order to demonstrate the efficacy of acupuncture treatment. Therefore, the request is not medically necessary.

Weight loss program (unspecified):

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Guideline Clearinghouse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Lifestyle (diet & exercise) modifications

Decision rationale: The request for Decision for Weight loss program (unspecified) not medically necessary. The injured worker complained of chronic neck pain to her upper extremities, numbness in her hands, persistent aching in her lower back radiating to her left leg. The Official Disability Guidelines note lifestyle modifications, to include diet and exercise changes, are recommended as first line interventions for reduction of obesity. The guidelines note reduction of obesity and an active lifestyle can have major benefits for patients. The injured worker was noted to be morbidly obese, the injured worker is 5'4" tall and weighs 232lbs, and the physician recommended weigh loss counseling. The clinical noted dated 07/23/2014 noted the injured worker was counseled regarding weight loss and the physician recommended the injured worker keep a food diary and follow-up in 6 weeks; however, there was no documentation provided from any follow-up visits which demonstrated the injured worker's

success with the weight loss counseling provided by the physician. There is a lack of documentation which demonstrates that the injured worker tried lifestyle modification including diet and exercise changes which were ineffective in reducing the injured worker's weight prior to the request for a weight loss program. Therefore, the request is not medically necessary.

Durable medical equipment TENS unit, rental or purchase (unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: The request for TENS is not medically necessary. The injured worker underwent right knee arthroscopy on 10/30/2013. The injured worker complained of chronic neck pain radiating to her upper extremities, numbness in her hands, persistent aching in her lower back radiating to her left leg. The California MTUS guidelines note the use of TENS is not recommended as a primary treatment modality. A one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for patients with neuropathic pain, CRPS II, CRPS I, spasticity, and/or multiple sclerosis. Prior to a one month trial the guidelines recommend there must be documentation of pain of at least three months duration and there should be evidence that other appropriate pain modalities have been tried (including medication) and failed. The submitted request does not indicate whether the unit will be purchased or rented. There is a lack of documentation indicating the injured worker has completed a one month home based TENS trial with documentation demonstrating the efficacy of the unit as well as detailing how often the unit was used in order to justify purchasing the unit. The request is for rental or purchase; however, the request does not indicate how long the unit would be rented for Therefore the request for TENS is not medically necessary.