

Case Number:	CM14-0182698		
Date Assigned:	11/07/2014	Date of Injury:	09/08/2010
Decision Date:	12/15/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/03/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 50-year-old female with a date of injury of 09/08/2010. The listed diagnoses are: 1. Myofascial head pain syndrome.2. Chronic cervical and thoracic strain.3. Bilateral cervical brachial syndrome.4. Bilateral lateral epicondylitis.5. Bilateral carpal tunnel syndrome.6. Bilateral de Quervain's tenosynovitis. According to progress report 09/11/2014, the injured worker presents with headaches, neck pain, bilateral cervical brachial pain, thoracic spine pain, and bilateral upper extremity pain, numbness, and tingling. It was noted the injured worker has remained at work on a full-time basis and she self modifies activities as needed. She is currently not utilizing any medications. However, she notes worsening of her pain symptoms over the last year. She would like to reinstate a trial of acupuncture and massage therapy as it has been beneficial before and has allowed her to remain at work. She would also like to trial a TENS unit. Examination revealed spasm and guarding over the cervical paravertebral region extending to the cervicobrachial regions bilaterally. Examination of the bilateral upper extremities showed lateral epicondyle tenderness present bilaterally. Tinel's sign is positive over the carpal tunnels. Utilization review denied the request on 10/03/2014. Treatment reports from 09/11/2014 through 10/22/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Acupuncture: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: The treating physician is requesting 12 Sessions of Acupuncture. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial and with functional improvement, 1 to 2 times per day with optimal duration of 1 to 2 months. For additional treatment, MTUS requires functional improvement as defined by Labor Code 9792.20(e) as significant improvement in ADLs, or change in work status AND reduced dependence on medical treatments. In this case, the treater states that prior acupuncture treatments have been beneficial. Given documented functional improvement and the fact that this injured worker is working full time without medications, additional 12 treatments is warranted. The request for 12 Sessions of Acupuncture is medically necessary.

Trial Transcutaneous Electrical Nerve Stimulation (TENS) Unit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Unit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Unit Page(s): 116.

Decision rationale: The treating physician is requesting a trial Transcutaneous Electrical Nerve Stimulation (TENS) Unit. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. The request is for a trial of TENS unit, and a 30-day rental appears reasonable. The request for a Trial Transcutaneous Electrical Nerve Stimulation (TENS) Unit is medically necessary.