

Case Number:	CM13-0062465		
Date Assigned:	12/30/2013	Date of Injury:	12/08/2012
Decision Date:	05/01/2015	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/06/2013

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 46 year old female, who sustained an industrial injury on 11/07/2013. She has reported subsequent back pain and was diagnosed with lumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis. Treatment to date has included oral pain medication, application of heat, electrical stimulation, myofascial release and physical therapy. In a progress note dated 11/07/2013, the injured worker complained of low back pain radiating to the thighs. Objective findings were notable for tenderness to palpation of the lumbar spine with hypertonicity and spasm of the bilateral paravertebral musculature and decreased range of motion. A request for authorization of acupuncture and an electrical muscle stimulation unit was made to reduce chronic pain and spasm and improve function. A request for authorization of a pain management consult was also made.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 TIMES A WEEK FOR 3 WEEKS FOR THE LUMBAR SPINE:

Overtured

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per Acupuncture Medical Treatment Guidelines p9, "(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20" The MTUS definition of functional improvement is as follows: "'Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment." The most recent documentation submitted for review was dated 11/7/13. I respectfully disagree with the UR physician's assertion that there is no indication for acupuncture. It is indicated for the injured worker's low back pain with radiation to the thighs. Therefore, the request is medically necessary.

Home Electrical Muscle Stimulation Unit: Upheld

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

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

Decision rationale: Per the MTUS guidelines with regard to muscle stimulation: Not recommended: NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. As the requested treatment is not recommended by the guidelines, the request is not medically necessary.

Pain Management Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Pain Management Consolation, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical necessity of the requested referral has not been sufficiently established by the documentation available for my

review. The injured worker presents with symptoms consistent with lumbar sprain/strain. The documentation does not specify what the Pain management consult will address. The request is not medically necessary.