

Case Number:	CM14-0153367		
Date Assigned:	09/23/2014	Date of Injury:	02/27/2012
Decision Date:	01/02/2015	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/19/2014

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 Pain Management 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:

This is a female patient with the date of injury of February 27, 2012. A Utilization Review dated August 27, 2014 recommended non-certification of acupuncture treatments 1x12 for the neck, lumbar and thoracic spine and home TENS unit purchase, with refills of patches. It is noted the patient has already undergone 8 acupuncture visits. A Progress Report dated August 12 2014 identifies Subjective Findings of mild neck, mid-line upper back, and mid-line low back pain and discomfort. Physical Examination identifies decreased range of motion, tenderness, pain and spasm at the cervical, thoracic, and lumbar spine. Diagnoses identify lumbar muscle strain, neck muscle strain, and thoracic spine pain. Treatment Plan identifies acupuncture treatments 1 times a week for 12 weeks for the neck, lumbar and thoracic spine and home transcutaneous electrical nerve stimulation unit purchase, with refills of patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatments for the neck, lumbar and thoracic spine 1x12 (1 time a week for 12 weeks): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Medical treatment utilization schedule, 9792.24.1; Official Disability Guidelines (ODG), Chronic Pain Chapter, Acupuncture

Decision rationale: Regarding the request for Acupuncture treatments for the neck, lumbar and thoracic spine 1x12 (1 time a week for 12 weeks), California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, the patient has been treated with 8 acupuncture sessions. However, there is no indication of functional improvement with prior sessions. Unfortunately, there is no provision to modify the current request. As such, the currently requested Acupuncture treatments for the neck, lumbar and thoracic spine 1x12 (1 time a week for 12 weeks) is not medically necessary.

Home tens unit purchase, with refills of patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R.9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-117.

Decision rationale: Regarding the request for Home tens unit purchase, with refills of patches, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but 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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial, and no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested Home tens unit purchase, with refills of patches are not medically necessary.