

<b>Case Number:</b>	CM15-0118922		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	04/30/2014
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58 year old male, who sustained an industrial injury on 4/30/2014. He reported a fall from a ladder, striking his back and snapping his head forward. The injured worker was diagnosed as having cervical spine musculoligamentous sprain/strain with moderate degenerative disc disease at C3-7, 2mm disc protrusion at C4-7, with mild to moderate central canal stenosis, with neuroforaminal stenosis/osteophyte at C4-7, with retrolisthesis of C5 on C6, myofascial pain syndrome, and right upper extremity radiculitis. Treatment to date has included diagnostics, physical therapy, home exercise program, chiropractic, and medications. Currently, the injured worker complains of neck pain with radiation to his bilateral upper extremities, with numbness and tingling. His status remained the same since his last exam. He reported that transcutaneous electrical nerve stimulation unit was helpful in managing his symptoms so he could continue working and decrease his use of medications. He was currently working. Pain was not rated and medication use was not described. The treatment plan included acupuncture x6 and home transcutaneous electrical nerve stimulation unit with 6 month supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Acupuncture sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines -Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** MTUS Acupuncture Medical Treatment Guidelines recommends an initial trial of up to 6 visits of acupuncture as an option in treating chronic pain. A prior physician review modified the request for 3 visits; however, there is no apparent rationale to reduce the request from the 6 visit initial trial which is supported by MTUS. This request is medically necessary.

**1 TENS unit with 6 months supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

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

**Decision rationale:** MTUS recommends a 1-month TENS trial as part of an overall functional restoration program for a neuropathic pain diagnosis. The records do document a neuropathic pain diagnosis for which a 1-month trial of TENS may be appropriate. However, there is no basis in the records or guidelines for a 6 month supply of accessories with a 1-month TENS trial. Therefore this request is not medically necessary.