

<b>Case Number:</b>	CM15-0127689		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	07/15/2010
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 32-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 15, 2010. In a Utilization Review report dated June 11, 2015, the claims administrator failed to approve requests for an interferential stimulator unit purchase and six sessions of acupuncture. The claims administrator referenced an RFA form dated June 9, 2015 in its determination. The claims administrator referenced the misnumbered, outdated, 2007 MTUS Acupuncture Medical Treatment Guidelines and seemingly misrepresented the same as originating from the current MTUS. The applicant's attorney subsequently appealed. On May 6, 2015, the applicant reported ongoing complaints of low back, thigh, shoulder, and leg pain, 7-9/10. The applicant was on Norco and Percocet. The applicant was apparently sharing Percocet from a neighbor after having exhausted her loaded supply of Norco, it was reported. The applicant was using a cane to move about. The applicant had undergone earlier failed lumbar spine surgery, it was reported. Cymbalta, Norco, and six sessions of acupuncture were endorsed. The attending provider posited that the applicant had never had any acupuncture for the low back. In an April 1, 2015 progress note, it was acknowledged that the applicant was not working and was receiving Social Security Disability Insurance (SSDI) benefits, in addition to Workers' Compensation indemnity benefits. In a progress note somewhat blurred as a result of repetitive photocopying and faxing, seemingly dated August 5, 2015 in one section of the note but seemingly faxed on June 17, 2015, it was acknowledged that the applicant was not working. 6-7/10 low back pain complaints radiating to the thighs were noted. The applicant was on Norco and Cymbalta. Additional acupuncture and

an interferential stimulator purchase were endorsed. The attending provider maintained that a trial of interferential stimulator had proven beneficial. One hundred and forty-five tablets of Norco and 30 tablets of Cymbalta were prescribed and/or dispensed. The applicant was not working, it was acknowledged in at least one section of the note.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Interferential Stim Unit, purchase: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

**Decision rationale:** No, the request for an interferential stimulator unit purchase was not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, a purchase of an interferential stimulator device should be predicated on evidence of favorable outcome during an earlier one-month trial of the same, in terms of increased functional improvement, less reported pain, and evidence of medication reduction. Here, however, it did not appear that the applicant had profited in terms of these parameters following introduction of the interferential stimulator on a trial basis. The applicant was not working, it was reported above. The applicant was still dependent on opioid agents such as Norco, which the applicant was consuming at a rate of 145 tablets a month, it was reported. Permanent work restrictions were renewed, unchanged, from visit to visit, despite previous usage of the interferential stimulator. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite previous usage of the interferential stimulator on a trial basis. Therefore, the request was not medically necessary.

**Additional Acupuncture for the low back, once a week for six weeks: Upheld**

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

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

**Decision rationale:** Similarly, the request for additional acupuncture for the low back was likewise not medically necessary, medically appropriate, or indicated here. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20e, in this case, however, the applicant's failure to return to work, continued dependence on Norco, and the attending provider's continued renewal of permanent work restrictions from visit to visit, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of prior acupuncture approximately one prior to the date of the request. Therefore, the request was not medically necessary.

