

Case Number:	CM15-0146536		
Date Assigned:	08/31/2015	Date of Injury:	02/06/2014
Decision Date:	10/05/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/28/2015

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: 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 28 year old male who sustained an injury on 2-6-14 resulting when a roof collapsed over him and in trying to escape, he was pushed in. He hurt his lumbar, hip and groin areas followed by neck and upper back a few days later. The Qualified Medical Examination (QME) on 4-21-15 report initial treatment included thoracic spine X-ray on 2-24-14 and he was given prescription for Ibuprofen and Amrix and he was placed off work. Treatment included physical therapy, core stability program, home program ergonomics, therapeutic exercise, soft tissue mobilization, and neuromuscular reeducation. An orthopedic evaluation was completed on 3-14-14 for pain radiating to his bilateral shoulders, down to his mid back and on the right side of his lower back; numbness in his right shoulder. He was referred to a comprehensive pain management program and remained on modified duty. Chiropractic treatment after 50 sessions was reported to provide some relief of his symptoms but he still has ongoing pain especially in his low back, right hip and cervical spine. The recommendation from this exam was to continue conservative care to include acupuncture, physical therapy and chiropractic care. An MRI lumbar spine was recommended for his low back pain; 1-2 epidurals for his cervical spine and may benefit from epidurals upper level of his lumbar spine. Treatment included physical therapy, chiropractic, pain management, behavioral medicine, and massage therapy. MRI of the right hip performed on 8-13-14. PR2 6-15-15 reports the IW has completed chiropractic therapy and states that he had good benefit from it. Current symptoms include back pain, joint stiffness, joint swelling, limb pain, myalgias, neck pain, numbness and tingling of affected limbs, more neck, upper body pain and upper extremities. Medications include Ibuprofen 600 mg, Pamelor 25 mg;

Bystolic 10 mg; Hydrocodone-acetaminophen 10-325 mg; Viibryd 20; Vitamin B-50 complex; Melatonin 5 mg. The physical examination cervical spine notes range of motion is full but guarded and painful; tenderness on the right side; Spurling's maneuver produces no pain in the neck; lumbar spine has no limitation in range of motion; thoracic spine has no thoracic rotation due to pain. Diagnoses include femoral acetabular impingement; sacroiliac sprain, strain; cervical sprain, strain; myofascial pain syndrome; likely posttraumatic stress disorder; contusions of trunk not otherwise specified. The treatment plans is no additional chiropractic treatment at this time; and states the IW would benefit from the use of electric stimulation and continue with use of a transcutaneous stimulation unit (TENS); and trial acupuncture to address multiple myofascial complaints. Current requested treatments Durable medical equipment (DME) transcutaneous electrical nerve stimulation (TENS) unit with electrode for unspecified body part; Acupuncture to cervical spine, trunk, lumbar spine, upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) transcutaneous electrical nerve stimulation (TENS) unit with electrodes for unspecified body part: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation); Criteria for the use of TENS.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based TENS trial used as an adjunct to a program of evidence-based functional restoration. Criteria for the use of TENS includes pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function. The medical records do not indicate that the injured worker has successfully completed TENS trial. The request is not medically necessary.

Acupuncture to cervical spine, trunk, lumbar spine, upper extremities: Upheld

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. With regard to acupuncture, ACOEM states "Acupuncture has not been found effective in the management of back pain, based on several high-quality studies, but there is anecdotal evidence of its success." ACOEM p309 gives needle acupuncture an optional recommendation for evaluating and managing low back complaints. Acupuncture is indicated for the injured worker's shoulder and back pain. However, the request is not medically necessary, as the number of treatments requested is not specified. It should be noted that the UR physician has certified a modification of the request for a trial of 4 sessions to assess for objective functional improvement.