

Case Number:	CM15-0174569		
Date Assigned:	09/16/2015	Date of Injury:	01/15/2015
Decision Date:	10/22/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/04/2015

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, California

Certification(s)/Specialty: Family Practice

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 50 year old male patient who sustained an injury on 1-15-2015. The diagnoses include cervical musculoligamentous injury, cervical myospasm, cervical pain, lumbar myospasm, lumbar sprain-strain, lumbar pain, anxiety and depression. Per the doctor's note dated 6/18/15, he had complaints of headache, neck pain and low back pain. Per the doctor's note dated 6/9/15, he had complaints of ongoing neck pain radiating to the head; burning low back pain radiating into the left lower extremity with numbness. The physical examination revealed tenderness to palpation and spasm of the cervical paravertebral muscles, positive cervical compression, decreased and painful lumbar spine range of motion, tenderness to palpation and spasm of the lumbar paravertebral muscles, positive Sitting straight leg raise bilaterally. The medications list includes gabapentin, Voltaren and Protonix. He has had CT fascial bone dated 7/17/2015, which revealed mild deviation of the nasal septum; lumbar MRI dated 7/17/2015, which revealed disc desiccation at L4-5 and L5-S1; cervical spine MRI dated 7/17/2015, which revealed disc desiccation at the C3 through C7 level. He has had physical therapy visits for this injury. The patient was seen for an acupuncture initial consult on 7-15-2015; the treatment plan was twice a week for five weeks. The original Utilization Review (UR) (8-4-2015) denied a request for acupuncture for the cervical and lumbar spines and a home transcutaneous electrical nerve stimulation (TENS) unit.

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 5 weeks for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: CA MTUS Acupuncture medical treatment guidelines cited below state that "Acupuncture' is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. Per the cited guidelines, "Acupuncture treatments may be extended if functional improvement is documented." The requested visits are more than recommended by the cited criteria. The medical records provided do not specify any intolerance to pain medications. Response to previous conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. The medical necessity of Acupuncture 2 times a week for 5 weeks for the cervical and lumbar spine is not fully established in this patient at this time. Therefore, the request is not medically necessary.

Home TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According the cited guidelines, 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, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)." Per the MTUS chronic pain guidelines, there is no high-grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The medical necessity of Home TENS unit is not medically necessary for this patient.