

Case Number:	CM15-0069734		
Date Assigned:	04/17/2015	Date of Injury:	02/22/2010
Decision Date:	06/11/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/13/2015

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

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 48 year old female, who sustained an industrial injury on 2/22/2010. She reported back pain and a pulling sensation in her back. Diagnoses have included lumbar spine sprain/strain and herniated lumbar disc with radiculopathy. Treatment to date has included acupuncture, physical therapy, chiropractic treatment, medication and topical creams. According to the progress report dated 3/16/2015, the injured worker complained of pain in the lumbar spine rated 6/10. Exam of the lumbar spine revealed positive straight leg raise. There was hypoesthesia at the anterolateral aspect of the foot and ankle. There was facet joint tenderness at L3, L4 and L5 levels bilaterally. Authorization was requested for acupuncture for the lumbar spine and an Interferential unit with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lumbar spine, twice weekly for six weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient presents with continued pain in the lumbar spine, rated 6/10. The request is for Acupuncture for the Lumbar Spine, Twice Weekly For Six Weeks. The provided RFA is dated 03/16/15 and patient's date of injury is 02/22/10. The diagnoses include lumbar spine sprain/strain and herniated lumbar disc with radiculopathy. Per 03/16/15 report, physical examination of the lumbar spine revealed facet joint tenderness at L3, L4 and L5 levels, bilaterally. There is decreased range of motion, especially on extension, 15 degrees. Positive straight leg raise test, bilaterally and Lasegue's is positive on the right. Treatment to date has included acupuncture, physical therapy, chiropractic treatment, medication and topical creams. Treater states: "The patient reported with prior acupuncture, the pain level decreases to a 3/10. She noticed the pain is reduced on the left side, but remains the same on the right side." Medications include topical creams that contain Ketoprofen, Cyclobenzaprine and Lidocaine and Ibuprofen tablets. The patient has returned to work on modified duty, per 03/16/15 report. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: " (i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Per 03/16/15 report, treater states, "The patient has found pain relief with acupuncture treatments. These help to increase her ADL's and decrease pain levels 50%." The patient completed 6 sessions of acupuncture in April 2014. Given that patient is working, and treater reported functional improvement, continued acupuncture treatments would be indicated by MTUS. With functional improvement, MTUS allows up to 3 sessions per week for 2 months. Therefore, the request is medically necessary.

IF unit with supplies for sixty days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The patient presents with continued pain in the lumbar spine, rated 6/10. The request is for IF Unit with Supplies for Sixty Days. The provided RFA is dated 03/16/15 and patient's date of injury is 02/22/10. The diagnoses include lumbar spine sprain/strain and herniated lumbar disc with radiculopathy. Per 03/16/15 report, physical examination of the lumbar spine revealed facet joint tenderness at L3, L4 and L5 levels, bilaterally. There is decreased range of motion, especially on extension, 15 degrees. Positive straight leg raise test bilaterally and Lasegue's is positive on the right. Treatment to date has included acupuncture, physical therapy, chiropractic treatment, medication and topical creams. Medications include topical creams that contain Ketoprofen, Cyclobenzaprine and Lidocaine and Ibuprofen tablets. The patient has returned to work on modified duty, per 03/16/15 report. MTUS (p118-120) states "Interferential Current Stimulation (ICS) Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or- History of substance abuse; or Significant pain from postoperative

conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). Per 03/16/15 report, treater states, "Due to the lack of tolerance to oral medications, IF unit and supplies of electrodes are medically necessary to help manage her pain and symptoms. Should be used for 30 minutes, 3 times a day, for 60 days." The reports show the requested treatment is not intended as an isolated intervention as the treater has requested medications and acupuncture. With regards to interferential unit, there is no evidence that pain is not effectively controlled due to the effectiveness of medication, substance abuse or pain due to postoperative conditions or unresponsiveness to conservative measures. Furthermore, MTUS requires a 30-day trial of the unit showing pain and functional benefit before a home unit is allowed. Given that the request is for an IF unit without a specific request for one-month trial, recommendation cannot be made. Therefore the requested interferential unit is not medically necessary.