

Case Number:	CM15-0070916		
Date Assigned:	04/20/2015	Date of Injury:	12/01/2014
Decision Date:	05/20/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/14/2015

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 43-year-old female patient, who sustained an industrial injury on 12/01/2014. She reported a trip and fall out of an elevator falling face first and onto the left shoulder. Diagnoses include cervical radiculitis, Sprains and strains of unspecified site of shoulder and upper arm, Sprain of thoracic, and Sprains and strains of unspecified site of knee and leg. Per the doctor's note dated 3/4/2015, she complained of cervical pain and stiffness with intermittent tingling and numbness to the left upper extremity, with little symptom relief from chiropractic therapy. The physical examination revealed guarding and spasms along trapezius muscles left greater than right and decreased range of motion; increased neck pain with Spurling's test. The medications list includes ultram and flexeril. She has had cervical MRI on 2/3/2015. She has had activity modification, chiropractic therapy, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture cervical spine, thoracic spine, lumbar spine, left shoulder, bilateral knee, twice weekly for three weeks, then twice weekly for three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Request: Acupuncture cervical spine, thoracic spine, lumbar spine, left shoulder, bilateral knee, twice weekly. MTUS guidelines Acupuncture Medical Treatment Guidelines 9792.24.1, Acupuncture Medical Treatment Guidelines. 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."The medical records provided do not specify any intolerance to pain medications that patient is taking currently. Plan for surgical intervention is not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. The medical necessity of Acupuncture cervical spine, thoracic spine, lumbar spine, left shoulder, bilateral knee, twice weekly is not fully established in this patient at this time. The request is not medically necessary at this time.

Interferential stimulator unit: Upheld

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

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

Decision rationale: Q-Interferential stimulator unit. Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation (ICS) is "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone."Per the cited guideline "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: 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. Pain is ineffectively controlled with medications due to side effects. History of substance abuse. Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment. Un-responsive to conservative measures (e.g., repositioning, heat/ice, etc.)."There is no evidence of failure of conservative measures like physical therapy or pharmacotherapy for this patient. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse is not specified in the records provided. The medical necessity of Interferential stimulator unit is not fully established for this patient at this juncture. The request is not medically necessary at this time.