

Case Number:	CM15-0072691		
Date Assigned:	04/22/2015	Date of Injury:	05/10/2014
Decision Date:	06/04/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/16/2015

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, Illinois

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 injured worker is a 56-year-old female, who sustained an industrial injury on 5/10/2014. She reported injury from a slip and fall. The injured worker was diagnosed as having lumbosacral ligament strain, cervical sprain, sacroiliac dislocation and lumbosacral neuritis. Lumbar magnetic resonance imaging showed broad based disc bulge. Treatment to date has included chiropractic care, physical therapy and medication management. In a progress note dated 12/9/2014, the injured worker complains of sharp neck pain, constant middle and low back pain, intermittent right sided thigh pain and sharp left shoulder pain. The treating physician is requesting 6 sessions of acupuncture and a refill of TENS (transcutaneous electrical nerve stimulation) electrodes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6 left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker sustained a work related injury on 5/10/2014. The medical records provided indicate the diagnosis of lumbosacral ligament strain, cervical sprain, sacroiliac dislocation and lumbosacral neuritis. Treatments have included chiropractic care, physical therapy and medications. The medical records provided for review do not indicate a medical necessity for Acupuncture x 6 left shoulder. The MTUS recommends the use of acupuncture as an option when pain medication is reduced or not tolerated, or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The available medical records do not indicate that pain medication is being reduced or is not well tolerated; neither is there documentation that it is being used as an adjunct to physical therapy or surgery.

Refill TENS electrodes x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

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

Decision rationale: The injured worker sustained a work related injury on 5/10/2014. The medical records provided indicate the diagnosis of lumbosacral ligament strain, cervical sprain, sacroiliac dislocation and lumbosacral neuritis. Treatments have included chiropractic care, physical therapy and medication management. The medical records provided for review do not indicate a medical necessity for Refill TENS electrodes x 2. The MTUS guidelines for the use of TENS unit recommends a 30 day rental of TENS unit as an adjunct to evidence based functional restoration following three months of ongoing pain and lack of benefit with other modalities of treatment. During this period, there must be a documentation of short and long term goals, the benefit derived from the equipment, as well as a documentation of how the machine was used. Also, the guideline recommends the use of two electrode unit rather than the four electrodes. TENS unit has been found useful in the treatment of Neuropathic pain: Phantom limb pain and CRPS II; and Spasticity. The available medical records do not indicate how long the treatment has been used, neither was there a documentation of the benefits from the treatment. The request is not medically necessary.