

<b>Case Number:</b>	CM15-0079961		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	11/23/2011
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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 52-year-old female, who sustained an industrial injury on 11/23/11. The injured worker has complaints of bilateral wrist pain and lower back pain and numbness and cramps in the hand. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy and cervical spondylosis without myelopathy. Treatment to date has included lumbar epidural injection; acupuncture; lumbar laminectomy and discectomy at L4-L5 in January 2014; magnetic resonance imaging (MRI) scan of the lumbar spine revealed recurrent herniation of the same disc; repeat lumbar laminectomy in March 2014; magnetic resonance imaging (MRI) scan revealed a sub dural spinal hematoma; 3rd surgery done to evacuate the spinal hematoma on 3/7/14; lumbar fusion on 7/29/14; physiotherapy and cortisone injection into her left thumb. The request was for one-series of pulse stimulation once a week for 4 weeks neck and low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One-series of P-stim once a week for 4 weeks neck and low back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Auricular electroacupuncture.

**Decision rationale:** The patient presents with lower back, bilateral shoulder and wrist pain. The request is for ONE-SERIES OF P STIM ONCE A WEEK FOR 4 WEEKS NECK AND LOW BACK. The request for authorization is not provided. The patient is status-post lumbar laminectomy, 01/2014 and 03/04/14, acute postop hematoma evacuation, 03/07/14, and anterior/posterior fusion, 07/29/14. Physical examination of the shoulder reveals moderate local tenderness anteriorly in the subacromial bursa. Circumduction caused slight pain and crepitation and there was a positive Neer impingement sign on the left and right side. Exam of the wrist reveals local tenderness over the carpal canal. Exam of lumbar reveals local tenderness in interspinous ligaments from L3 through S1 and slight to moderate tenderness or muscle spasm in the paraspinal muscles. Patient has had 18-20 chiropractic visits. She has had a course of acupuncture. She has had 4 lumbar epidural injections that were not helpful. The patient's medications include Ultram, Anaprox, Prilosec, Flexeril and Neurontin. Per progress report dated 04/22/15, the patient is on modified work. P-Stim is a proprietary auricular acupuncture device. ODG Pain chapter, under Auricular electroacupuncture has the following: "Not recommended. The evidence is insufficient to evaluate the effect of auricular electroacupuncture on acute and chronic pain. In the only published RCT, use of the P-Stim device was not associated with improved pain management. Auricular electrostimulation or ear-acupuncture is a type of ambulatory electrical stimulation of acupuncture points on the ear. Devices, including the P-Stim" and E-pulse, have been developed to provide continuous or intermittent stimulation over a period of several days. This type of electrostimulation is being evaluated for a variety of conditions, including pain, depression, and anxiety. Both the P-Stim ( [REDACTED] ) and the E-pulse ( [REDACTED] ) devices have received marketing clearance through the FDA abbreviated 510(k) process for use in treating acute or chronic pain by a qualified practitioner of acupuncture." Per progress report dated 04/08/15, treater's reason for the request is "an effort to reduce the patient's pain levels, decrease narcotic consumption, reduce overall inflammation and improve functional levels." While the patient presents with chronic pain in the lower back and upper extremities, and an extensive treatment history directed at these complaints, ODG does not support the use of Auricular electroacupuncture for chronic pain at this time, unless it is being used by a qualified practitioner of acupuncture. In this case, there is no indication if this machine will be used at-home or by the qualified practitioner. P-Stim devices are FDA approved only for use by qualified acupuncture practitioners, not for personal in-home use. Therefore, the request IS NOT medically necessary.