

Case Number:	CM15-0097243		
Date Assigned:	05/28/2015	Date of Injury:	10/13/2011
Decision Date:	07/01/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/20/2015

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, Pain Management

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 40-year-old male, who sustained an industrial injury on October 13, 2011. The injured worker reported neck and shoulder pain due to repetitive poor ergonomic posture. The injured worker was diagnosed as having chronic myofascial pain and repetitive trauma disorder. Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS) unit, chiropractic, and physical therapy. A progress note dated April 21, 2015 the injured worker complains of neck, left shoulder and back pain. He reports recent flare-up and headaches. He reports awaking several times at night and rates his pain 5-7/10. Physical exam notes cervical tenderness with painful but full range of motion (ROM). The shoulders had painful full range of motion (ROM). Trigger point injections were administered. The plan includes Transcutaneous Electrical Nerve Stimulation (TENS) pads, acupuncture, exercise and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit leads #1 set of 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20- 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-121 of 127.

Decision rationale: Regarding the request for TENS leads, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief, function, and medication usage. Within the documentation available for review, it appears that the patient has been utilizing TENS even though a trial and subsequent purchase of TENS was never authorized. The provider notes decreased usage of medication one day when TENS is used, but there is no evidence of specific quantified pain relief or functional improvement, nor was a formal trial of TENS documented. In the absence of clarity regarding those issues, the currently requested TENS leads are not medically necessary.

Trial of acupuncture; two times a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it appears that 6 sessions of acupuncture were recently authorized and were pending. As such, given that the response of these sessions cannot be predicted, additional sessions cannot be considered medically appropriate until functional improvement from the initial sessions is ascertained. As such, the currently requested acupuncture is not medically necessary.