

Case Number:	CM15-0098012		
Date Assigned:	05/29/2015	Date of Injury:	07/09/2011
Decision Date:	07/01/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/21/2015

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, Florida, California
 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 (IW) is a 55-year-old male who sustained an industrial injury on 07/09/2011. Diagnoses include degenerative lumbar disc disease and lumbar disc bulge at L4-5 and L3-4. MRI of the lumbar spine dated 4/5/13 showed posterior disc bulges at L2-3, L3-4 and L4-5 with mild central canal narrowing and mild to moderate foraminal narrowing. X-rays of the lumbar spine on 4/30/15 revealed slight disc space narrowing at L5-S1 with slight hypertrophic spur formation and foraminal narrowing. Treatment to date has included medications, physical therapy, epidural steroid injections, interspinous ligament injections, sacroiliac joint (SIJ) injections, acupuncture and TENS unit. According to the Narrative Change of Status Report dated 4/30/15, the IW reported slight pain in the lower back that was intermittent and becoming nearly constant. He denied significant radiation to the legs. The pain was aggravated by bending, lifting, stooping, prolonged sitting and twisting. On examination, there was tenderness to the lumbar paraspinal muscles, to the interspinous ligaments at L4-L5 and L5-S1 and over the right SIJ. Range of motion was reduced in forward flexion and extension. A request was made for P-stim once a week for four weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

P-Stim 1 x 4 for the lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, in the Pain Section, under P-stim.

Decision rationale: This claimant was injured four years ago. There was degenerative spine disease and ongoing back pain. There has been extensive prior treatment including medicine, injections, physical therapy, acupuncture and TENS. No objective functional improvement out of past regimens is noted. This is now a request for P-stim. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG under Pain, P-stim, notes: 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. 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 () and the E-pulse () 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. (Holzer, 2011) (Zhang, 2014) (Sator-Katzenschlager, 2007) see also Acupuncture. This care is not recommended in peer reviewed studies and evidence-based guides. The request for P-Stim 1 x 4 for the lumbar spine is not medically necessary.