

Case Number:	CM15-0098850		
Date Assigned:	06/01/2015	Date of Injury:	05/10/2013
Decision Date:	07/02/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/22/2015

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, New York, 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 applicant is a represented 31-year-old [REDACTED] beneficiary who has filed a claim for chronic neck and elbow pain with derivative complaints of depression reportedly associated with an industrial injury of May 10, 2013. In a Utilization Review report dated May 8, 2015, the claims administrator partially approved a request for a TENS unit purchase as a one-month trial of the same and partially approved a request for 12 sessions of acupuncture as four sessions of the same. The claims administrator referenced an April 17, 2015 progress note in its determination. The claims administrator also mislabeled the MTUS definition of functional improvement as originating from ODG. The applicant's attorney subsequently appealed. In an RFA form dated May 1, 2015, pain management consultation, psychiatry consultation, TENS unit, and additional 12 sessions of acupuncture were sought. In a psychology progress note dated April 20, 2015, the applicant reported ongoing issues with depression, anxiety, and difficulty gripping and grasping. The applicant was on Xanax, it was acknowledged. The applicant acknowledged that she was not working as of this point in time. The applicant reported issues with suicidal ideation but denied active suicidal attempt. In a handwritten note dated April 17, 2015, the applicant was placed off of work, on total temporary disability for an additional 30 to 45 days. Acupuncture was apparently sought. Multiple complaints of neck pain and upper extremity paresthesias were reported. The applicant was dropping objects, it was incidentally noted. There was no mention of the applicant's having used a TENS unit on a trial basis on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: No, the request for 12 sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a request for additional acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledged that acupuncture may be extended if there is evidence of functional improvement as defined in section 9792.20e. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request for additional acupuncture was sought, suggesting a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of acupuncture over the course of the claim. Therefore, the request was not medically necessary.

TENS unit purchase neck, bilateral elbows, wrists/hands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation (TENS) Page(s): 116-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: Similarly, the request for a TENS Unit [purchase] was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, TENS unit should be purchased only in applicants who have demonstrated a favorable response to the previous usage of the same, when favorable outcomes are evident in terms of both pain relief and function. Here, however, the attending provider seemingly sought authorization to purchase the device without having the applicant first undergo a one month trial of the same. Therefore, the request was not medically necessary.