

Case Number:	CM13-0040595		
Date Assigned:	12/20/2013	Date of Injury:	05/06/2009
Decision Date:	02/07/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in acupuncture has a subspecialty in and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 67 y/o male patient with chronic pain complains of lower back. Diagnoses included Disc Protrusion, Myalgia/Myositis and Lumbar muscle spasms. Previous treatments included: oral medication, physical therapy, acupuncture (unknown number of sessions, gains unreported), and work modifications amongst others. As the patient continued significantly symptomatic (VAS 7/10 and muscle spasms), a request for additional acupuncture 1x6, infrared lamp 1x6 and cupping 1x6 was made on 09-03-13 by the PTP. The acupuncture-cupping was approved and the infrared lamp was denied (UR decision dated 09-25-13). The reviewer rationale was that cupping and acupuncture were supported by MTUS, but "the chronic pain guidelines note that low level laser therapy is not recommended. Given this, the medical necessity for the requested infrared lamp acupuncture is not evident".

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared lamp acupuncture 1 time a week times 6 weeks to the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98.

Decision rationale: In reviewing the records available, it does appear that the patient continued symptomatic, therefore the reviewer recommended the approval of the acupuncture 1x6 and cupping 1x6 modalities, but not the infrared lamp 1x6. The request for the infrared lamp was confused by the reviewer with a request for low level laser level which is not supported by evidence based literature, therefore was not recommended for certification. According to Chronic Pain Treatment Guidelines: "Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries". This is a chronic injury that occurred more than 4 years ago. The patient already underwent extensive passive care. As no flare up was reported, additional passive care in the form of infrared lamp 1x6, is seen as palliative only and was/is not supported for medical necessity.