

Case Number:	CM13-0041899		
Date Assigned:	01/29/2014	Date of Injury:	02/21/2008
Decision Date:	04/15/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/16/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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/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 female patient with the date of injury of February 21, 2008. A utilization review determination dated October 4, 2013 recommends non-certification of electro-acupuncture, infrared device, and myofascial release. Modified certification is recommended for an electro acupuncture trial. Acupuncture procedure reports are provided dated October 9, October 11, October 15, October 16, October 21, October 23, October 25, December 11, December 13, December 24, December 30, 2013 and January 6, January 10, January 13, January 17, and January 20, 2014. A progress report dated January 7, 2014 identifies subjective complaints including a lot of pain and discomfort. Objective findings identify skin breakdown on the right hand as well as decreased strength due to severe contracture at the right hand. The patient is wearing gloves and a forearm brace. The patient walks slowly due to the severe injury and pain and discomfort. He diagnoses include complex regional pain syndrome involving the right upper extremity, complex regional pain syndrome affecting the right leg, right hand contusion, open skin wound in the right hand, depression, and anxiety. The treatment plan recommends electro-acupuncture which has been helpful to improve the patient's function, self-care, and sleep. The physician also recommends continuing Nortriptyline, Tylenol # 4, Butrans, Lidoderm, Lyrica, and Cymbalta. The note indicates that the patient perceived less pain and discomfort and was able to sleep better as a result of the acupuncture treatment. The patient was encouraged to do exercise. A progress report dated December 20, 2013 indicates that the electro-acupuncture treatment has been helpful to improve the patient's function, improve self-care activity, and improve her sleep. Additional acupuncture is recommended. A progress report dated October 14, 2013 indicates that the patient is able to cut down on her dose of medication as a result of the electro-acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRO ACUPUNCTURE 2 X 4 WEEKS FOR RIGHT HAND: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Acupuncture.

Decision rationale: Regarding the request for additional acupuncture, California MTUS does support the use of acupuncture for chronic pain, with additional use 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, there is documentation of analgesic efficacy, functional improvement, and reduction in medication use as a result of the previous acupuncture sessions. Additionally, it appears the patient has undergone 16 acupuncture sessions thus far. The additional 8 sessions would bring the patient to 24 sessions total, the maximum recommended by guideline. As such, the currently requested additional acupuncture is medically necessary.

DME: INFRARED DEVICE FOR RIGHT HAND: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57.

Decision rationale: Regarding the use of infrared devices. Chronic Pain Medical Treatment guidelines state that low level laser therapy such as red beam or near infrared therapy is not recommended. Guidelines indicate that there is insufficient evidence to support the use of this modality in the treatment of chronic pain. Within the documentation available for review, no peer-reviewed scientific literature has been provided which would overrule the guidelines recommendations. As such, the currently requested infrared device for the right hand is not medically necessary.

MYOFASCIAL RELEASE X 1 RIGHT HAND: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Myofascial Release/Rehabilitation Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Massage Therapy

Decision rationale: Regarding the request for myofascial release, it is unclear whether this is a request for massage therapy, physical therapy, or chiropractic care. Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, it is unclear exactly what objective functional deficits are intended to be addressed with the currently requested myofascial release. Additionally, it is unclear how many sessions of myofascial release (PT, chiropractic care, and/or massage therapy) the patient has previously undergone, and what the outcome of those sessions was in terms of pain relief and objective functional improvement. In the absence of clarity regarding those issues, the currently requested myofascial release is not medically necessary.