

Case Number:	CM13-0063123		
Date Assigned:	12/30/2013	Date of Injury:	07/18/2012
Decision Date:	04/14/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/09/2013

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 Anesthesiology, has a subspecialty in Acupuncture and Pain Medicine 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:

The claimant is a 36-year-old female injured worker with date of injury 7/18/12 with related mid back and low back pain with associated right lower extremity pain. She had 12 sessions of acupuncture in the last two months, which helped significantly, decrease her pain, improved her walking tolerance allowing her to not use her cane for a week. Objectively, she had an antalgic gait and ambulated with a cane due to her pain returning with the cold weather. She was diagnosed with lumbar disc displacement without myelopathy and sprain/strain of the thoracic region. MRI of the lumbar spine dated 1/21/13 revealed a mild disc bulge and desiccation at L4-L5. Treatment to date has included physical therapy, home exercise program, acupuncture, TENS, and medication management. The date of UR decision was 11/26/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) SESSIONS OF ACUPUNCTURE: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per Acupuncture Medical Treatment Guidelines p9, "(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows:

(1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20" The MTUS definition of functional improvement is as follows: ""Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment." The documentation submitted for review indicates the injured worker has completed 12 sessions of acupuncture with good effect. Per 12/10/13 Utilization Treatment Review Appeal, the injured worker had improvement in walking tolerance and felt more flexible. She was able to stop using the cane for a full week after her acupuncture treatment ended. However, after a week, she woke up with a flare-up of back pain and she could barely stand. As the injured worker has documented functional improvement, and a reduction on the dependence of continued medical treatment, extension of acupuncture treatment is warranted. The request is medically necessary. It should be noted that the UR physician has modified the request and certified three sessions of acupuncture.

PRESCRIPTION OF CAPSAICIN 0.075%: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Page(s): 28.

Decision rationale: Capsaicin may have an indication for chronic lower back pain in this context. Per MTUS "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." It is recommended only as an option in patients who have not responded or are intolerant to other treatments. Per 12/10/13 Utilization Treatment Review Appeal, "The patient continues to have low back pain radiating into her right lower extremity. She does experience radicular pain in her right lower extremity with straight leg raise positive. On objective examination, deep tendon reflexes are absent bilaterally at the patella and 1+ and equal at the Achilles. Sensations are decreased to light touch along the right lower extremity compared to the left lower extremity. In addition, the patient has exhausted all the conservative treatment methods. This patient has tried several modalities as mentioned above including physical therapy, acupuncture, TENS, [REDACTED] and medications, but remains symptomatic." It is noted that the patient is taking Gabapentin half tablet twice daily (anti-convulsant used as a first line for neuropathic pain) but is unable to tolerate higher doses. Capsaicin does help in reducing her low back pain and keep the oral medications to the minimum possible level. The request is medically necessary.

