

<b>Case Number:</b>	CM13-0067422		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/08/2013
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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, Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 38-year-old male who reported an injury on 01/08/2013. The mechanism of injury was not stated. Current diagnoses include neck sprain, cervical disc protrusion, brachial neuritis or radiculitis, lumbar sprain, lumbar disc protrusion, right hip sprain, right hip internal derangement, and right hip contusion. The injured worker was evaluated on 10/08/2013. The injured worker reported 6/10 neck pain, 2/10 low back pain, and 5/10 right hip pain. The injured worker reported improvement with physical therapy and chiropractic treatments. Physical examination revealed limited cervical and lumbar range of motion. Treatment recommendations included a lumbosacral orthosis, a hot and cold unit for the lumbar spine, authorization for acupuncture, and chiropractic manipulation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOT AND COLD UNIT 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, Low Back Continuous-Flow Cryotherapy, Low Back Heat

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300, Postsurgical Treatment Guidelines.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state physical modalities have no proven efficacy in treating acute low back symptoms. At home local applications of heat or cold are as effective as those performed by therapists. The injured worker's physical examination only revealed limited range of motion of the lumbar spine. There is no evidence of a significant musculoskeletal or neurological deficit. There is no mention of a contraindication to at home local applications of heat or cold as opposed to a motorized unit. The medical necessity has not been established. As such, the request for hot and cold unit for the lumbar spine is not medically necessary.

**8 ACUPUNCTURE VISITS (2X4) FOR THE CERVICAL, LUMBAR AND RIGHT HIP:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 treatments to 6 treatments. The current request for 8 sessions of acupuncture exceeds guideline recommendations. Therefore, the request for eight (8) acupuncture visits (2X4) for the cervical, lumbar and right hip are not medically necessary.