

Case Number:	CM13-0071990		
Date Assigned:	01/15/2014	Date of Injury:	06/28/2010
Decision Date:	05/08/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/30/2013

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 Occupational 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 applicant is represented [REDACTED] employee who has filed a claim for spinal cord injury, paraplegia, and chronic low back pain reportedly associated with an industrial injury of June 20, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior thoraco-lumbar fusion surgery; unspecified amounts of acupuncture over the life of the claim, including six sessions of acupuncture certified in October 2013; and extensive periods of time off of work. The applicant apparently sustained his injuries in a rollover motor vehicle accident (MVA), it is incidentally noted. In a Utilization Review Report of December 19, 2013, the claims administrator partially certified twelve (12) sessions of electrical acupuncture only. Other forms of acupuncture, including infrared acupuncture were seemingly not certified. The claims administrator, it is incidentally noted, cited the outdated, now-re-labeled, now-re-numbered 2007 MTUS Acupuncture Guidelines. The applicant's attorney subsequently appealed. An acupuncture note dated December 16, 2013 is notable comments that the applicant has completed six (6) sessions of acupuncture and reported drops in pain scores from 7/10 to 5/10. An additional twelve (12) sessions of acupuncture were sought. The applicant was described as reporting persistent low back pain, midback pain, and shoulder pain. The applicant's work status was not clearly detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPRESSURE THERAPY WITH CUPPING TREATMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines indicate that acupuncture treatments may be extended if there is evidence of functional improvement. In this case, however, the applicant has had at least six (6) prior sessions of acupuncture. There has been no clear demonstration of functional improvement. The applicant does not appear to have returned to work. Significant residual physical impairment persists. There is no evidence that the applicant has diminished reliance on medical treatment as a result of earlier acupuncture. The request for acupuncture appears to have been initiated by the treating acupuncturist, without an intervening follow-up visit with the attending provider. For all of the stated reasons, then the request for additional acupressure therapy is not certified.

INFRARED QTY: 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines LOW LEVEL LASER THERAPY Page(s): 57.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that infrared therapy represents a form of low-level laser therapy, and is "not recommended." It is further noted that the attending provider seemingly intended to perform the infrared therapy in conjunction with acupuncture. The Acupuncture Medical Treatment Guidelines indicate that acupuncture treatments may only be extended if there is evidence of functional improvement as defined. In this case, however, there was no such evidence of functional improvement. The claimant did not return to work. Significant physical impairment persisted. There was no evidence that the claimant's reliance on medical treatment had been diminished as a result of prior acupuncture. Therefore, the request for infrared therapy is not certified.

HOT PACKS QTY: 12.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: The MTUS/ACOEM Guidelines indicate that at-home applications of heat and cold are "recommended" physical therapeutic interventions and are considered part and parcel of self-care. In this case, the applicant has long-standing chronic mid and low back pain issues. The application of a hot pack to ameliorate the applicant's pain complaints is indicated,

appropriate, and supported by ACOEM Guidelines. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.