

<b>Case Number:</b>	CM14-0013982		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	01/13/2010
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 Orthopedic Surgery 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 patient is a 59 year old female who was injured on 01/13/2010 while she was cooking; she lifted a pot with boiling water containing noodles weighing approximately 40 pounds. Prior treatment history has included eight acupuncture visits. Her medications include: 1. Tramadol 150 mg 2. Naproxen 550 mg 3. Pantoprazole 20 mg 4. Mirtazapine 15 mg Progress note dated 02/12/2014 documented the patient with complaints of intermittent pain in her low back. She also complains of increased pain in her left shoulder of late. She states that her neck pain remains unchanged since her last visit. . She rates the severity of her low back pain as an 8 and her left shoulder pain a 9, without medication or therapy. Here low back pain is reduced to 4 while her left shoulder pain is reduced to 4 -5 with medications only. Additionally, she reports having heartburn symptoms and difficulty sleeping. Objective findings on examination of the cervical spine demonstrates muscular spasms over the paraspinal muscles. Examination of the right shoulder demonstrates point tenderness to palpation over the shoulder joint. Range of motion is limited. Examination of the lumbar spine demonstrates tenderness to palpation over the spinous processes associated with muscular guarding. Range of motion is limited. Diagnoses: 1. Cervical herniated nucleus pulposus 2. Status post surgery right shoulder 3. Left shoulder impingement syndrome 4. Lumbar spine herniated nucleus pulposus UR report dated 01/20/2014 denied the request for acupuncture two times a week fort three weeks not medically necessary. The claimant had eight acupuncture visits to date. Detailed response of these acupuncture visits in terms of functional improvement was not specified in the records provided. The requested additional visits in addition to the previously rendered acupuncture sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the acupuncture visits that is documented in the records provided. The request for purchase of a Therma Cool Unit is not medically necessary as the claimant

passes the phase of acute pain. There is no high grade clinical evidence to support the effectiveness of this unit.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ACUPUNCTURE THERAPY 2 TIMES 3: Upheld**

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

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

**Decision rationale:** As per CA MTUS acupuncture medical treatment guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. As per UR report dated 01/20/2014 this patient has been previously treated with 8 sessions of acupuncture treatment and guidelines indicate that acupuncture treatments may be extended if functional improvement is documented. However, there is no documentation that functional improvement or pain relief has been provided with the prior completed acupuncture treatment. There is documentation that the patient's medication regimen is helping reducing pain level and recommended continuation of medications. There is no documentation that the patient is currently participating in a physical rehab program. There is documentation that the patient is status post right shoulder surgery, but the specific details were not provided regarding the date and type of surgery. Thus, the request for 2 x 3 Acupuncture Therapy is not medically necessary and appropriate.

#### **PURCHASE OF THERMA COOL UNIT TO THE NECK AND LOW BACK: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Cold/heat packs

**Decision rationale:** As per CA MTUS/ACOEM guidelines, at-home local applications of cold packs during first few days of acute complaints; thereafter, applications of heat packs." As per ODG, regarding use of cold/heat packs in lower back condition, it is only recommended as an option for acute pain. As per ODG, "Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse affects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient." In this case, this patient has chronic neck and lower back pain and the use of Therma Cool unit is not supported by the guidelines and therefore the request is not medically necessary.

