

Case Number:	CM14-0014298		
Date Assigned:	02/26/2014	Date of Injury:	05/20/2013
Decision Date:	06/26/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	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 Orthopaedic 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 records presented for review indicate that this 45-year-old individual was injured in May 2013. A request for acupuncture was not certified in the preauthorization process. There are ongoing complaints of cervical and thoracic pain noted in the progress note. The October 2013 and indicate low back pain as well. The physical examination noted tenderness in the cervical spine and lumbar spine regions. The diagnoses listed were generally soft tissue myofascial strains. Treatment included medications and topical preparations. MRI noted disc desiccation, spondylotic anterior listhesis and a bilateral pars defect.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 ELECTRO ACUPUNCTURE VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: When noting the date of injury, the mechanism of injury and the injury sustained, there is no indication for specific electrode acupuncture interventions. There is no narrative presented establishing the efficacy of more traditional acupuncture methodologies.

Therefore, based on the limited clinical proration presented for review, there is insufficient data support this request.

6 CUPPING ACUPUNCTURE VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As outlined in the acupuncture guidelines, such interventions can be used as an option when pain medications are either reduced or not tolerated. The records indicate the multiple medications are being employed. There is no indication that the medications have not accomplished their intended goal. Furthermore, it is not clear how much acupuncture has already been completed and the efficacy to those interventions. Therefore, based on the information presented, this request is not clinically indicated.

6 INFRARED LAMP TREATMENT: 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), Low Back, Lumbar & Thoracic (Acute & Chronic), Heat Therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162; 300.

Decision rationale: As outlined in the guidelines, this treatment is recommended for some acute findings and can easily be accomplished in the home environment. Therefore, when noting the date of injury, the most current physical examination and the lack of any physical examination parameters to suggest that this intervention may be helpful, there is insufficient data presented to support this request. With this, the request 6 infrared lamp treatment is not medically necessary.