

Case Number:	CM14-0016740		
Date Assigned:	04/11/2014	Date of Injury:	06/06/2009
Decision Date:	05/29/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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 41 year-old female with a date of injury of 6/6/2009. The patient's industrially related diagnoses include post operative lumbar spine failed (no documented surgery in submitted medical record per UR), cervicobrachial syndrome, thoracalgia, lumbar facet syndrome, sacroilitis, post surgical tachycardia, fibromyalgia, and probable gastritis from medications. The disputed issue is for electro/infrared lamp acupuncture 2x3 to the neck, mid back and low back. A utilization review determination on 1/29/2014 noncertified the request. The stated rationale for the denial was that infrared acupuncture is investigational and not supported by California Medical Treatment and Utilization Schedule, and therefore is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRO/INFRARED LAMP ACUPUNCTURE 2 X 3 NECK, MID BACK AND LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Expert Reviewer's decision rationale: The Acupuncture Guidelines of the California Medical Treatment and Utilization Schedule state the following: "Acupuncture with electrical stimulation" is the use of electrical current (micro- amperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. These guidelines apply to acupuncture or acupuncture with electrical stimulation when referenced in the clinical topic medical treatment guidelines in the series of sections commencing with 9792.23.1 et seq., or in the chronic pain medical treatment guidelines contained in section 9792.24.2." It is noted in this case that in addition to give electroacupuncture, there is a request for infrared lamp to heat the area of electroacupuncture. There is a request to bill a separate CPT for use of this lamp. Although some acupuncturist use a heating lamp, the scientific evidence for use of an infrared lamp is poor. The California Medical Treatment and Utilization Schedule do not have specific provision for this. Therefore, the request as presently submitted is medically necessary and appropriate based upon the inclusion of the use of infrared heating.