

<b>Case Number:</b>	CM14-0119072		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/01/2011
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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, Pain 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 injured worker is a 40-year-old female who sustained an injury on 9/1/11. As per the handwritten illegible report dated 7/9/14, she presented with lower back pain and bilateral ankle and foot pain radiating to the right lower extremity, rated at 7/10. Pain decreased with rest and cream and increased with forceful activity. Exam revealed positive SLR (straight leg raise) bilaterally, flexion 60 degrees, and tenderness to palpation of the lumbar spine and bilateral ankles. MRI of the lumbar spine dated 4/17/13 revealed evidence of a 6.8 mm focal right paracentral disc herniation measuring 7.8 mm in extension and effacing the thecal sac and narrowing the lateral recess and neuroforaminal with combined radial and concentric posterior annular tear at L5-S1 and adjacent disc protrusions at L4-5 and L3-4 measuring roughly 4 mm in size without evidence of annular tear. Ten clinically relevant trigger points were identified and mapped by TPII consistent with lumbar spine and myofascial pain syndrome. There was no documentation of any current medications. Previous treatments have included medications, ESI and acupuncture. As per the 1/14/14 report, therapy, medications, creams, exercise, and a series of epidural injections have not helped to resolve her low back pain and more so the right lower extremity radiculopathic numbness, tingling and subjective weakness. She was supposed to have lumbar surgery but it was not clear if she has actually had it. As per the UR determination note, she had previously received at least 20 acupuncture treatments and there was no documentation of significant functional benefit from this intervention. Acupuncture for 8 more sessions was recommended and this request was previously denied on 6/23/14. Diagnoses include lumbar sprain/strain with right-sided lumbar radiculopathy, bilateral ankle and feet strain/sprain, right heel spur and sacroiliac dysfunction. The request for acupuncture 8 sessions 2 x 4 infrared electroacupuncture and Capsaicin patch (lumbar spine) were denied on 7/24/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 8 sessions 2 x 4 infrared electroacupuncture:** Upheld

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

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

**Decision rationale:** 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. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments; (2) Frequency: 1 to 3 times per week; (3) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case, the above criteria are not met and there is no documentation of any significant improvement in quantitative pain level (i.e. VAS) with prior treatment. Furthermore, additional treatments would exceed the MTUS guideline recommendations. Therefore, the medical necessity of the request of acupuncture 8 sessions 2 x 4 infrared electroacupuncture is not established.

**Capsaicin patch (lumbar spine):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** Per the CA MTUS guidelines regarding topical analgesics, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the CA MTUS guidelines, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. As per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently, the request for Capsaicin patch is not medically necessary according to the guidelines.