

Case Number:	CM14-0120263		
Date Assigned:	08/06/2014	Date of Injury:	01/05/2011
Decision Date:	09/11/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	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, has a subspecialty in 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 46 year-old male with a date of injury of 01/05/2011. The patient's industrially related diagnoses include lumbosacral disc injury, lumbosacral radiculopathy, and lumbosacral sprain/strain injury. The disputed issues are acupuncture 2x4, infrared heat 2x4, myofascial release 2x4, and urine drug screen. A utilization review determination on 6/13/2014 recommended non-certification of these requests. The stated rationale for the denial was that the claimant was previously certified for six sessions of acupuncture treatment on 6/27/2013. However, there is no progress report submitted for review detailing the claimant's response to treatment. The reason for non-certification of infrared heat was that the requested intervention is not supported by evidence based guidelines or the submitted clinical records. The rationale for the denial of myofascial release is that there is no indication of an acute flare up of pain to support return to passive treatment. It is unclear if the claimant was treated with active physical therapy. The rationale for partial certification for a 10 panel random urine drug screen for qualitative analysis is that there is no documented previous urine drug screen, aberrant behavior or sign of drug misuse or any other documented indication that claimant is at any other than at minimal risk for medication misuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapy: Acupuncture 2x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Acupuncture Treatment Guidelines.

Decision rationale: The ACOEM guidelines under Physical Methods for Low Back Complaints states the following regarding acupuncture: Acupuncture has not been found effective in the management of back pain, based on several high-quality studies, but there is anecdotal evidence of its success. Acupuncture Medical Treatment Guidelines state 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. The recommended time to produce functional improvement is 3-6 visits. Furthermore Acupuncture treatments may be extended if functional improvement is documented. In the Utilization Review, it is noted that the injured worker was approved for 6 sessions of acupuncture treatments on 6/27/2013. However, in the records available for review, there is no documentation that the injured worker completed these sessions nor is there clinical evidence of functional improvement. Therefore according to the guidelines stated above, the injured worker does not meet the requirement for extension of acupuncture treatments. Due to lack of documentation, acupuncture is not medically necessary.

Infrared heat 2x4: Upheld

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): 299-300.

Decision rationale: The California MTUS does not address heat therapy. The updated ACOEM guidelines specify the following regarding heat therapy for back pain: At-home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold. Infrared therapy is not medically necessary as neither the ODG, ACOEM, nor MTUS support this type of heat therapy over simple heat therapy (i.e., hot pack, heating pad). This request is not medically necessary.

Myofascial Release 2x4: Upheld

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): 300, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: Regarding Myofascial Release, the ACOEM guidelines states physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS)

units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies, but they may have some value in the short term if used in conjunction with a program of functional restoration. In the physical medicine section of CA MTUS, it states the use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. Based on the guidelines stated above, active modalities are preferred over passive modalities such as myofascial release, therefore myofascial release is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing/Opioids Page(s): 43, 76-80.

Decision rationale: The injured worker is current taking Norco, an opioid, as part of his treatment and there is no documentation of any previous urine drug screening. There is no indication of misuse or aberrant behavior noted in the progress note on 05/27/2014 at the time of the request. Therefore the injured worker is at low risk. According to the guidelines stated above, it is appropriate for the injured worker to be screened randomly approximately every six months. Therefore the recommendation for modification is upheld. The urine drug screen is not medically necessary. The utilization review determination of partial certification is upheld.