

Case Number:	CM14-0125874		
Date Assigned:	09/05/2014	Date of Injury:	11/15/2002
Decision Date:	10/02/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/07/2014

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 Family 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:

This is a 39-year-old female who reported an industrial injury to the neck and shoulders on 11/15/2012, almost 14 years ago, attributed to the performance of her usual and customary job tasks. The patient is being treated for cervical spine degenerative Disc Disease (DDD); cervicgia; and rotator cuff syndrome. The patient has complained of increasing neck pain along the right side of her neck and shoulder. The patient had been receiving myofascial therapy visits. The treating physician felt that the patient had a flare-up of her chronic neck pain due to cervical spine sprain/strain and underlying spondylosis. The patient was diagnosed with thoracic outlet syndrome; lateral epicondylitis; and reactive depression. The patient receives cervical traction and was prescribed Percocet. The patient was also prescribed for additional visits of chiropractic treatment and additional acupuncture eight sessions directed to the neck and upper back/shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture - neck and shoulders. 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for eight (8) additional sessions of acupuncture directed to the neck and upper back were not supported with objective evidence of functional improvement with the previous certified sessions of acupuncture. There was no sustained functional improvement documented. There was only reported symptomatic relief on a temporary basis. There is no demonstrated medical necessity for eight (8) additional sessions of acupuncture. The treating physician requested acupuncture sessions to the neck and upper back based on persistent chronic pain due to the reported industrial injury and muscle pain not controlled with medications and home exercises. The request is not consistent with the recommendations of the CA Medical Treatment Utilization Schedule for the continued treatment with acupuncture. The patient was noted to have received the CA MTUs recommended number of sessions of acupuncture over a 1-2 month period of treatment. There is no documented sustained functional improvement. The current request is for maintenance treatment. The patient is not demonstrated to be participating in a self-directed home exercise program for conditioning and strengthening. There is no demonstrated functional improvement on a PR-2 by the acupuncturist. There is no documented reduction of medications attributed to the use of acupuncture as the patient has continued on opioid therapy is 12 years after the date of injury. The recent clinical documentation demonstrates that the patient has made no improvement to the cited body parts with the provided conservative treatment for the diagnoses of sprain/strain. Acupuncture is not recommended as a first line treatment and is authorized only in conjunction with a documented self-directed home exercise program. There is no documentation that the patient has failed conventional treatment. There was no rationale supporting the use of additional acupuncture directed to the neck and back. The use of acupuncture is not demonstrated to be medically necessary. An initial short course of treatment to demonstrate functional improvement through the use of acupuncture is recommended for the treatment of chronic pain issues, acute pain, and muscle spasms. A clinical trial of four (4) sessions of acupuncture is consistent with the CA Medical Treatment Utilization Schedule, the ACOEM Guidelines, and the Official Disability Guidelines for treatment of the neck and back. The continuation of acupuncture treatment would be appropriately considered based on the documentation of the efficacy of the four (4) sessions of trial acupuncture with objective evidence of functional improvement. Functional improvement evidenced by the decreased use of medications, decreased necessity of physical therapy modalities, or objectively quantifiable improvement in examination findings and level of function would support the medical necessity of 8-12 sessions over 4-6 weeks.

Thermacare Heat patches #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 3 Initial Approaches to Treatment, Chapter 13 Knee Complaints Page(s): 300, 338, 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter-cold/heat packs; heat therapy; neck and upper back--heat therapy

Decision rationale: The Thermacare heat patches #60 are prescribed to the patient 12 years after the date of injury. Evidence-based guidelines recommend the use of heat for a period of two weeks or less for acute and subacute phases of injury in order to facilitate mobilization and

graded exercise. There are no evidence-based recommendations for the use of the Thermacare patches 12 years after the date of injury over the available OTC modalities for the application of heat. There is no demonstrated medical necessity for the requested Thermacare heat wraps for the treatment of the neck and upper back as alternative methods for the application of heat are readily available. The industrial injury is over 12 years old and there is no medical necessity for the prescribed Thermacare heat wraps at this time over the readily available methods of applying heat to chronic neck and upper back pain. There is no demonstrated medical necessity for the requested DME for the treatment of the patient for chronic neck and upper back pain in addition to the medications prescribed. The prescription/dispensing of Thermacare heating patches are inconsistent with the recommendations of the CA MTUS, ACOEM Guidelines, and the Official Disability Guidelines for the treatment of chronic pain. Everyday alternatives are readily available for the application of heat to the neck and upper back. The patient is able to provide heat to the back with warm towels, heating pads, hot showers, or hot baths in addition to the OTC available heat sources. There is no provided subjective or objective evidence that supports the medical necessity for the use of the Thermacare heat wraps at this stage of the industrial injury over available heat sources such as heating packs that are reusable.