

Case Number:	CM14-0155750		
Date Assigned:	09/25/2014	Date of Injury:	03/26/2014
Decision Date:	10/27/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/23/2014

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 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 48-year-old male who reported an injury on 03/12/2014. The mechanism of injury was not specified. His diagnoses were lumbar sprain/strain and inguinal hernia. His previous treatment included chiropractic therapy. His previous diagnostics and surgical history were not provided. On 07/17/2014, the injured worker reported constant, moderate pain in the lower back region which he described as tender, throbbing, sharp, and penetrating in nature. He also complained of some radicular component to his lower back, with associated numbness and tingling sensations involving both lower extremities down to the level of the thighs. The physical examination revealed tenderness to palpation of the lumbar paravertebral muscles. It was noted that Kemp's and Yeoman's caused pain. His medications were not provided. The treatment plan was for infrared manual acupuncture x6 visits and for capsaicin patch unknown amount. The rationale for the request was not provided. The Request for Authorization Form was submitted on 07/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared Manual Acupuncture times six visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to The Acupuncture Medical Treatment Guidelines, acupuncture is used as an alternative when pain medication is reduced or not tolerated. Also, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines suggest a frequency of 1 to 3 times per week with an optimum duration of up to 2 months. The treatments may be extended if functional improvement is documented. The injured worker reported constant, moderate pain in the lower back with the inability to bend or stoop due to his discomfort and stiffness. It was noted on 05/20/2014 that he was receiving chiropractic therapy to the lumbar spine. However, there was a lack of details that specified whether or not he had a positive outcome from the therapy. Furthermore, the guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated, but the information submitted for clinical review did not provide any medications that he was taking or previous medications that he has tried and failed. As such, the request for infrared manual acupuncture x 6 visits is not medically necessary.

Capsaicin patch, unknown amount: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28.

Decision rationale: According to the California MTUS Guidelines, capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The injured worker reported constant moderate pain in the lower back region, which he described as tender, throbbing, sharp, and penetrating in nature. It was noted that he had attended chiropractic therapy. However, it was unknown if he had a positive response to the treatment. The guidelines indicate that capsaicin is recommended as an option for patients who have not responded or are intolerant to other treatments, but it was unknown what other treatments he has had, as there was a lack of clinical documentation submitted. Furthermore, the request failed to provide the dosage and frequency information as prescribed, along with a quantity of patches. As such, the request for capsaicin patch, unknown amount, is not medically necessary.