MAXIMUS Federal Services

Case Number:	CM14-0183198		
Date Assigned:	11/10/2014	Date of Injury:	09/21/2012
Decision Date:	12/26/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/04/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 41-year-old female with date of injury of 09/21/2012. The listed diagnoses per the treating physician from 10/02/2014 are: 1. Lumbar spine sprain 2. Acute appendicitis without peritonitis 3. Unspecified site of sprain and strain 4. Sprain of unspecified side of the wrist 5. Carpal tunnel syndrome 6. Anxiety According to this handwritten report the patient complains of lumbar spine pain at a rate of 7/10. The patient also complains of right shoulder, right elbow, and right wrist pain. The examination shows limited range of motion in the lumbar spine. Positive Neer's and Hawkin's sign on the right. The 08/28/2014 report notes that the patient received a lumbar epidural steroid injection 2 times in 2013. The treater notes that the patient's pain decreases and activities of daily living increases with the use of creams. Range of motion is limited in the lumbar spine with a positive straight leg raise. The documents include physical therapy reports from 05/13/2014 to 07/09/2014, shockwave therapy procedure report from 04/25/2014 to 05/27/2014, MRI of the right shoulder from 0/24/2014 and 08/29/2014, an MRI of the left shoulder from 05/12/2014, and progress reports from 01/30/2014 to 10/02/2014. The utilization review denied the request on 10/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared, elect acupuncture 2x3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient presents with lumbar spine pain. The treater is requesting infrared elect acupuncture times six. The MTUS Guidelines for acupuncture states that it 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. In addition, MTUS states that an initial trial of 3 to 6 visits is recommended. Treatments may be extended if functional improvement is documented. The records do not show any acupuncture therapy reports to verify how many treatments the patient has received and with what results. The utilization review denied the request stating that the patient has received eight previous acupuncture visits however there is no documentation of objective improvement with previous treatment. It is unclear from the records when the patient last utilized acupuncture therapy. None of the reports discuss acupuncture treatments including functional improvement and pain relief. Given lack of documented functional improvement while utilizing acupuncture therapy in the past, the request is not medically necessary.

Capsaicin patch two times a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Capsaicin

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Page(s): 29.

Decision rationale: The patient presents with lumbar spine pain. The treater is requesting capsaicin patch two times a week for three weeks. The MTUS Guidelines page 29 guidelines state that Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. Indications are osteoarthritis, fibromyalgia, chronic non-specific back pain and it is also helpful for chronic neuropathic and musculoskeletal pain. MTUS also states that 0.025% is effective with higher dose formulation providing no further efficacy. Patch formulation is not discussed. It does not appear that the patient has used capsaicin patch in the past. While a trial is reasonable, the request does not state what concentration the patches are. MTUS only supports 0.025% formulation for capsaicin topical. The request is not medically necessary.