

Case Number:	CM14-0095727		
Date Assigned:	07/25/2014	Date of Injury:	02/21/2012
Decision Date:	08/28/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/20/2014

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 licensed in Chiropractic and Acupuncture Services 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 69 year old female who reported low back, mid back and neck pain from injury sustained on 02/21/12 due to cumulative trauma. There were no diagnostic imaging reports. Patient is diagnosed with Lumbar, cervical disc displacement without myelopathy; Lumbar, thoracic and cervical muscle spasms; Sacroilitis; Lumbar, cervical and thoracic myalgia/ myositis; shoulder tenosynovitis and wrist tenosynovitis. Patient has been treated with medication, acupuncture. The only medical records available for review were dated 05/06/14. Per medical notes dated 05/06/14, patient reports "No significant changes in subjective complains or objective findings". Patient complains of bilateral low back pain rated at 7/10. Pain occurs most often during the night, in the evening and after light physical activity and radiates into left buttock, left hip and left upper back. Pain is relieved by lying down, medication and stretching. Patient complains of left mid-back pain rated at 4/10. Pain is described as frequent, aching and sharp. She also complains of occasional bilateral upper back pain rated at 3/10 and frequent left shoulder pain rated at 7/10. Examination revealed decreased range of motion of the cervical and lumbar spine with mild to moderate pain. According to the utilization review the patient has been authorized 18 acupuncture sessions. Acupuncture progress notes were not included in the medical records for review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake which was not documented in the provided medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial release 1 X 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Myofascial release- Used as an adjunct to enhance Electro-Acupuncture effectiveness to release muscular spasm that are creating tension which restricts and limits normal range of motion after injury. Per utilization review, patient was approved for 18 acupuncture treatments. Per medical notes dated 05/06/14, there is "no significant changes in subjective complaints or objective findings". Acupuncture progress notes were not included in the documents for review. It is unknown if the 18 Acupuncture visits were administered. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake which was not documented in the provided medical records. Per review of evidence and guidelines, 1X6 myofascial treatments are not medically necessary and appropriate.

Infrared lamp acupuncture 1 X 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines <LLLT> Page(s): 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (Low back), Infrared Heat Therapy.

Decision rationale: Per Chronic Pain Medical treatment guidelines page 57: "Low-level laser therapy (LLLT) is not recommended". "Given the equivocal or negative outcomes from a significant number of randomized clinical trials, it must be concluded that the body of evidence does not allow conclusions other than that the treatment of most pain syndromes with low level laser therapy provides at best the equivalent of a placebo effect. Per review of evidence and guidelines, 1X6 infrared therapy treatments are not medically necessary. Per ODG low back-Infrared Heat guidelines: Not recommended over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute LBP, but only if used as an adjunct to a program of evidence-based conservative care (exercise). The IR therapy unit used in this trial was demonstrated to be effective in reducing chronic low back pain, and no adverse effects were observed; the IR group experienced a 50% pain reduction over

7 weeks, compared with 15% in the sham group. (Gale, 2006). Per review of evidence and guidelines, 1X6 infrared treatments are not medically necessary.

Elect acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Per utilization review, patient was approved for 18 acupuncture treatments. Per medical notes dated 05/06/14, there is "no significant changes in subjective complaints or objective findings". Acupuncture progress notes were not included in the documents for review. It is unknown if the 18 Acupuncture visits were administered. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake which was not documented in the provided medical records. Per review of evidence and guidelines, 1X6 acupuncture treatments are not medically necessary.