

Case Number:	CM14-0190879		
Date Assigned:	11/24/2014	Date of Injury:	05/29/2009
Decision Date:	01/09/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/17/2014

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 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 62 year old female who reported low back pain from injury sustained on 05/29/09. Mechanism of injury was not documented in the provided medical records. Patient is diagnosed with lumbar spine facet syndrome; anxiety; thoracalgia; sacroilitis; spasm of muscles; lumbar spine myofascitis. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 07/16/14, patient complains of moderate low back pain rated at 4/10. Pain is described as aching and throbbing and is radiating into bilateral hip and bilateral upper back. Pain is reduced by lying down, medication, applying heat. Patient complains of mid back pain rated at 4/10. Pain is explained as aching and throbbing which radiates into the low back. Examination revealed decreased range of motion and tenderness to palpation of the lumbar spine. Provider requested additional 1x6 acupuncture, infrared and myofascial release which was denied by the utilization review on 10/17/14. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro Acupuncture 1x6 First 15 Minutes, Electro Acupuncture 1x6 Additional 15 Minutes, Infrared Lamp 1x6, Myofascial Release 1x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Per acupuncture notes dated 07/16/14, patient complains of moderate low back and mid back pain rated at 4/10. Pain is described as aching, throbbing and it radiates into the bilateral hips and bilateral upper back. Provider requested additional 1x6 acupuncture, infrared and myofascial release which was denied by the utilization review on 10/17/14. 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. California MTUS Chronic Pain treatment guidelines do not address infrared therapy other national guidelines such as ODG do not recommend infrared. The treating physician has not offered an evidence-based medical justification that supports this treatment request. Per review of evidence and guidelines, the request is not medically necessary.