

Case Number:	CM14-0193462		
Date Assigned:	11/26/2014	Date of Injury:	07/19/2013
Decision Date:	01/14/2015	UR Denial Date:	10/27/2014
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 Board Certified in Chiropractic, has a subspecialty in 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:

Claimant is a 29 year old male who sustained a work related injury 7/19/2013. The claimant has at least 11 acupuncture visits with Capsaicin from 6/4 to 7/18/2014. He also has had at least 48 prior sessions of acupuncture by 6/6/2014. His diagnoses is musculoligamentous sprain/strain lumbar/thoracic spine, lumbar spine disc protrusion, bilateral shoulder/knee sprain, bilateral ankle/foot/heel tenosynovitis, and degenerative disc disease. Per a PR-2 dated 10/17/2014, the claimant has mid back, lower back, shoulder, knee, ankle, heel and foot pain. The pain is worse with activities of daily living (ADLs), repetitive use, and forceful activity and better with medications. He has tenderness and spasm in the thoracic spine and low back. He is working modified duty with no forceful work with the right or left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of acupuncture treatment for the shoulders, knee, lumbar spine, ankles and feet with Capsaicin patches: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior extensive acupuncture of unknown quantity and duration with no documented benefits. Since the provider fails to document objective functional improvement associated with prior acupuncture treatment, further acupuncture is not medically necessary. According to evidenced based guidelines, Capsaicin is recommended only as an option that has not responded or is intolerant to other treatments. Since there is no documentation that the claimant has not responded or is intolerant to other treatments or any documentation of functional benefit from prior use of Capsaicin patches, further Capsaicin is not medically necessary.