

Case Number:	CM14-0196468		
Date Assigned:	12/04/2014	Date of Injury:	09/21/2012
Decision Date:	01/23/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/24/2014

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 Family Practice 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:

Applicable Criteria/Guideline: CA MTUS, 2009, Acupuncture Medical Treatment Guidelines, 9792.24.1 p. 8; CA MTUS, 2009, Chronic Pain Medical Treatment Guidelines p. 28-29.
 Date/First Report of Injury: 9/21/2012 Injured Worker Age, Gender and Complaints: 41 year old female presents to appointment with primary treating physician on 10/2/14 with complaints of lumbar spine, right shoulder and right elbow pain 7/10 as well as right wrist pain 8/10. Pain on last physical exam dated 8/28/14 revealed lumbar spine, right shoulder, right elbow and right wrist pain 9/10. Decreased pain/increased with activities of daily living. Treating/Referral Provider Findings: Physical examination reveals limited range of motion of lumbar spine, positive Kemp's, positive Neer's on the right and positive Hawkin's on the right. Right wrist positive Phalen's. Conservative/Surgical Treatment to Date with Results: Injured worker received a right shoulder injection on 9/29/14 and lumbar epidural steroid injections x 2 in 2013. Negative emg/ncs of bilateral lower extremities. Diagnoses: Lumbar spine, multi-level disc protrusion, right shoulder AC joint osteoarthritis, rotator cuff tendinosis, right elbow strain/sprain, and right wrist carpal tunnel syndrome. Disputed Service(s): Infrared Electro-Acupuncture (lumbar, shoulder, wrist, and elbow) 2x/week x 3 weeks and Capsaicin Patch 2x/week x 3 weeks; The request for acupuncture is not consistent with MTUS as there is no documentation to determine if pain medication has been reduced or is not being tolerated and this is not being requested as an adjunct to physical rehabilitation. The request for the Capsaicin patch is not consistent with MTUS as it is only recommended as an option in patients who have not responded or are intolerant to other treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared electro-acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Postsurgical Treatment Guidelines Page(s): 8.

Decision rationale: Acupuncture 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. Referenced guidelines support acupuncture 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. There is no discussion of patient being weaned from medications or that they are not tolerated, and patient's participation in physical rehabilitation, or lack of participation, has not been outlined. Therefore the request is not medically necessary as claimant does not meet guideline criteria for acupuncture.

Capsaicin patch, twice weekly for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 - 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29.

Decision rationale: Topical Analgesics largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The request is not reasonable as there is no documentation that there has been failure of first line therapy.