

Case Number:	CM15-0007481		
Date Assigned:	01/22/2015	Date of Injury:	04/18/2014
Decision Date:	03/19/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old female who reported an injury on 04/18/2014. The mechanism of injury involved repetitive activity. The current diagnoses include lumbar radiculopathy, lumbar spine sprain, thoracic spine sprain, cervical radiculopathy, cervical spine sprain, cephalgia, shoulder sprain, carpal sprain, knee sprain, and insomnia. The injured worker presented on 12/12/2014 with complaints of persistent lower back pain, rated 7/10, with radiation into the bilateral lower extremities. The injured worker also reported mid back pain, neck pain, and left shoulder pain. Upon examination of the cervical spine, there was tenderness to palpation, myospasm over the bilateral paracervical muscles and trapezius muscles, decreased cervical range of motion in all planes, parathoracic myospasm bilaterally, decreased thoracic range of motion due to end range middle back pain, tenderness and myospasm over the bilateral paralumbar muscles, decreased lumbar range of motion in all planes, tenderness over the left acromioclavicular joint, tenderness over the left subacromial region and greater tubercle, tenderness and myospasm over the left rotator cuff muscles, positive impingement and supraspinatus tests, decreased range of motion of the left shoulder, tenderness at the bilateral wrists, decreased wrist range of motion secondary to pain, and 5/5/5 grip strength bilaterally. Sensory examination was intact in the upper and lower extremities. Motor examination revealed 5/5 motor strength in all muscle groups of the upper and lower extremities. Deep tendon reflexes were equal and symmetrical in the bilateral upper and lower extremities. Recommendations included continuation of physical therapy and acupuncture treatment. The injured worker was also given prescriptions for tramadol 37.5/325 mg, Naproxen 550 mg, cyclobenzaprine 7.5 mg,

omeprazole 20 mg, and 2 compounded creams. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional electrical stimulation acupuncture with infrared therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Acupuncture medical Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. There was no specific body part listed in the request. There was also no specific frequency or quantity listed. Additionally, there was no documentation of significant functional improvement following the initial course of acupuncture therapy. Given the above, the request is not medically appropriate.

Capsaicin patch to use during acupuncture treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There was no documentation of a failure of first line oral medication. There was also no strength, frequency, or quantity listed in the request. As such, the request is not medically appropriate.