

Case Number:	CM15-0133396		
Date Assigned:	07/21/2015	Date of Injury:	01/08/2015
Decision Date:	08/17/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 37 year old male, who sustained an industrial injury on 1/08/2015. He reported a twist and fall down stairs. The injured worker was diagnosed as having lumbar radiculopathy, lumbar sprain-strain, and thoracic sprain-strain. Treatment to date has included diagnostics, physical therapy, chiropractic, acupuncture, and medications. Currently, the injured worker complains of dull thoracic pain and constant low back pain with radiation to the buttocks. Thoracic exam noted spasms, tenderness, and myofascial trigger points. Lumbar exam noted tenderness, spasm, decreased range of motion, positive straight leg raise on the right, and decreased Achilles reflex on the right. His current medication regimen was not noted. He was prescribed Mobic, tramadol, and Flexeril. The treatment plan included continued electro acupuncture, with infrared heat and myofascial release, 2x6, to the thoracic spine and lumbar spine. His work status was modified and it was not documented if he was currently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro acupuncture with infrared heat and myofascial release 2x per week x 6 weeks to the thoracic spine and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, physical therapy.

Decision rationale: The claimant sustained a work injury in January 2015 and continued to be treated for thoracic pain and radiating low back pain. He was seen by the requesting provider for an initial evaluation on 03/31/15. Prior treatments had included physical therapy and chiropractic care with temporary improvement. Physical examination findings included thoracic tenderness with muscle spasm and trigger points. There was decreased lumbar spine range of motion with tenderness and muscle spasms and a decreased right ankle reflex. Acupuncture treatment two times per week for three weeks was requested. The assessment references planned continued treatment with an optimal duration of one-two months if effective. When seen for follow-up on 06/09/15 he was having ongoing symptoms. Physical examination findings appear unchanged. Medications were prescribed and continued acupuncture treatment was requested. Exercise and the use of modalities were encouraged. Electro-acupuncture is the use of electrical current applied through the needles at the acupuncture site. It is used to increase the effectiveness of the treatment by continuous stimulation of the acupoint. Physiological effects can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. In terms of acupuncture, it is an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented and optimum duration of 1 to 2 months. In this case, the claimant was encouraged to perform a home exercise program in conjunction with the treatments being provided but compliance with a home exercise program is not documented. The number of treatments being requested is excessive and does not represent a fading of treatment frequency or decreased reliance on medical care. The duration of treatment is in excess of that recommended. The request is not medically necessary.