

Case Number:	CM15-0190244		
Date Assigned:	10/02/2015	Date of Injury:	02/15/2015
Decision Date:	11/10/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/28/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 44 year old female, who sustained an industrial injury on 02-15-2015. She has reported subsequent neck, back, bilateral shoulder and bilateral wrist pain and was diagnosed with cervical, thoracic, lumbar bilateral shoulder and left wrist sprain-strain, cervical, thoracic and lumbar myofascitis, lumbar and cervical radiculitis and bilateral wrist tenosynovitis. An electrodiagnostic consultative report on 07-09-2015 showed electrophysiological evidence of right mild carpal tunnel syndrome. Treatment to date has included pain medication and physical therapy. There was no documentation of significant pain relief with treatment. In a progress note dated 06-10-2015, the injured worker reported neck, bilateral shoulder, bilateral hands and wrist, thoracic and low back pain that were documented as severe with several abnormal objective examination findings including tenderness to palpation, decreased range of motion and the physician recommended acupuncture for the lumbar spine. It is unclear as to whether acupuncture treatments were subsequently received, how many sessions were received and the effectiveness of acupuncture. Documentation shows that physical therapy was initiated five times a week for four weeks in March of 2015 and physical therapy was initiated once week for four weeks in June 2015. In a progress note dated 07-22-2015, the injured worker was noted as being seen for an acupuncture evaluation. The injured worker reported continuous sharp low back pain radiating to the buttocks and back of the thighs to the right foot with numbness and tingling in the low back and legs and muscle spasms. The physician noted that the injured worker was currently attending physical therapy once a month. Objective examination findings revealed tenderness to palpation of the lumbar spine, moderate myospasm and guarding of the bilateral

paravertebral musculature and decreased range of motion of the lumbar spine. The treatment plan included electro acupuncture to increase local circulation, decrease myofascial hypertonicity, decrease myospasm and deactivate trigger points, cupping therapy to increase local circulation, release myofascial adhesions, loosen adhered scar tissue in affected surrounding health tissue, increasing range of motion due to myofascial contractures and to relieve myospasm and guarding and myofascial release to deactivate myofascial trigger points and adhesions and contractures. Work status was documented as temporarily totally disabled. A request for authorization of cupping therapy 3x2, lumbar spine, acupuncture 3x2, lumbar spine and follow up appointment was submitted. As per the 09-14-2015 utilization review, the requests for cupping therapy 3x2, lumbar spine, acupuncture 3x2, lumbar spine and follow up appointment were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cupping therapy 3x2, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Cupping Therapy 3x2, lumbar spine is not medically necessary. Cupping is often performed in combination with acupuncture therapy. Medical necessity in combination with acupuncture has not been established. In regards to "Acupuncture," it 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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In this case, Acupuncture is not medically necessary because there was no attempt to reduce pain medication and previous physical therapy sessions were not beneficial; therefore, the requested service is not medically necessary.

Acupuncture 3x2, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Acupuncture 3x2, lumbar spine is not medically necessary. "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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient,

and reduce muscle spasm. In this case, Acupuncture is not medically necessary because there was no attempt to reduce pain medication and previous physical therapy sessions were not beneficial; therefore, the requested service is not medically necessary.

Follow up appointment: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Follow-up appointment is not medically necessary given acupuncture is not medically necessary. "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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In this case, Acupuncture is not medically necessary because there was no attempt to reduce pain medication and previous physical therapy sessions were not beneficial; therefore, the requested service is not medically necessary.