

<b>Case Number:</b>	CM14-0120425		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	12/21/2012
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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:

The injured worker is a 30 year old male who was reportedly injured on 12/21/12. The mechanism of injury is noted as cumulative trauma, resulting injury to his lower back, lower extremities and psyche. The most recent progress note dated 6/5/14 indicates that there are ongoing complaints of lower back pain. Lumber spine pain is reported rated at 7/10 on a visual analogue scale (VAS). It is reported that the pain is radiating to the left lower extremity. A physical examination demonstrated flexion 50 degrees. Previous treatment included acupuncture, epidural injections, and medications. A request had been made for acupuncture visits, quantity 8, capsaicin 8% patch, quantity 1, and was not certified in the pre-authorization process on July 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture visits, QTY: 8:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The injured worker has chronic low back pain following an alleged work injury 12/21/12. The injured worker was originally seen at [REDACTED] and afforded

acupuncture, but there is no documentation of any functional gains or objective findings to warrant additional sessions of acupuncture. The management consultation of 3/24/14 documents that acupuncture and physical therapy, as requested by [REDACTED], were of no benefit. There is a hand written note dated 1/21/14, that states the injured worker does not feel any pain and wants to be deemed PNS. Medical record dated 6/14/14 states there is improvement after the initial 6 sessions but he seems unaware of previous acupuncture provided. Therefore the request remains not medically necessary.

**Capsaicin 8% patch, QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical; Topical NSAID; Topical analgesic Page(s): 28-2.

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

**Decision rationale:** The formulation at 8% is not supported by the medical literature as having any more efficacy than 0.025% formulation currently available. Furthermore CAMTUS holds that capsaicin is considered an alternative to those who have failed other treatment modalities. There is no documentation of such failure. As such the request remains not medically necessary.