

Case Number:	CM14-0127803		
Date Assigned:	08/15/2014	Date of Injury:	07/09/2009
Decision Date:	10/14/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/12/2014

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 Occupational Medicine, 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:

Patient is a 34 year-old male with date of injury 07/09/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/23/2014, lists subjective complaints as pain to the cervical spine, thoracic spine, lumbar spine, bilateral shoulders, bilateral elbows, bilateral wrists, bilateral hands, bilateral knees, and third finger. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles, restricted range of motion, positive Kemps and positive bilateral straight leg raising test. Diagnosis: 1. Shoulder sprain 2. Knee sprain 3. Neck sprain 4. Thoracic region sprain 5. Lumbar region sprain 6. Wrist sprain. MRI of the lumbar spine, performed on 04/26/2012 was positive for 1. L4-5 4.7mm disc protrusion combined with facet and ligamentum flavum hypertrophy and neuroforaminal narrowing. 2. L5-S1 6mm disc protrusion that posteriorly displaces the thecal sac and bilateral neuroforaminal narrowing. Patient has completed 40 sessions of physical therapy with minimal benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared, Acupuncture with Electrical Stimulation times 15 Minutes and Capsaicin Patch, 2-3 times 4 to Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Low-Level Laser Therapy (LLLT), Topical

Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines: Lumbar Chapter

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines allow acupuncture treatments to be extended if functional improvement is documented as defined in Section 9792.20(f). There is no documentation in the medical record that the patient has had functional improvement with the numerous visits of acupuncture previously authorized. Therefore, this request is not medically necessary.