

Case Number:	CM14-0127954		
Date Assigned:	08/15/2014	Date of Injury:	07/09/2009
Decision Date:	10/16/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/11/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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:

The patient is a 34 year old with an injury date on 7/9/09. Patient complains of constant total body pain, lower lumbar pain greater than others with pain rated 6/10 per 5/23/14 report. Patient also has numbness/tingling of lower extremities with radiculopathy per 5/23/14 report. Based on the 5/23/14 progress report provided by [REDACTED] the diagnoses are: 1. C-spine fasciitis 2. T-spine pain 3. L-spine - MLDP, fasciitis/6mm disc protrusion/LE Negative EMG/NCV 4. Bilateral Shoulder Impingement/Labral Tear/ Right AC 5. Bilateral Elbow Pain 6. Bilateral Wrist Pain 7. Bilateral Knee Pain 8. Bilateral 3rd Finger Pain 9. Dentist - pending report 10. ENT - R/O decreased hearing Exam on 5/23/14 showed "positive straight leg raise. Positive Kemp's test bilaterally." No range of motion testing was included in provided reports. [REDACTED] is requesting infrared acupuncture with electrical stimulation x 15 months and Capsaicin patch, 2-3x4 to shoulder/arm. The utilization review determination being challenged is dated 7/21/14. [REDACTED] is the requesting provider, and he provided treatment reports from 2/7/14 to 5/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared, Acupuncture w/Electrical Stimulation x 15 minutes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with total body pain including lower back pain. The provider has asked for infrared acupuncture with electrical stimulation x 15 minutes. Review of the reports do not show any evidence of acupuncture being done in the past but the 3/7/14 and 5/23/14 reports both contain a request for 8 sessions of acupuncture. MTUS acupuncture guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. MTUS and ODG do not discuss acupuncture with infrared treatment. In this case, a trial of up to 6 sessions of acupuncture may be appropriate but not the requested 8 sessions. Therefore, this request is not medically necessary.

Capsaicin patch, 2-3x4 to shoulder/arm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine; Salicylate topicals Page(s): 111-113; 105.

Decision rationale: This patient presents with total body pain including lower back pain. The provider has asked for Capsaicin patch, 2-3x4 to shoulder/arm. There are no reports that discuss this request and request for authorization was not in the file. MTUS recommends Capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). A trial of the requested Capsaicin may be appropriate but this patient has pain everywhere. It would not appear practical to try patches or other topical when the area of pain is so wide-spread. The provider does not discuss what else has been tried in the past, in terms of oral medications. The provider does not discuss how practical it is to try patch formulation given the wide-spread pain. MTUS does not discuss patch formulation either. Therefore, this request is not medically necessary.