

Case Number:	CM14-0127958		
Date Assigned:	08/15/2014	Date of Injury:	07/09/2009
Decision Date:	10/15/2014	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 and Rehabilitation, has a subspecialty in 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:

This is a patient with a date of injury through July 9, 2009. A utilization review determination dated July 18, 2014 recommends noncertification of acupuncture and capsaicin patch. A progress report dated March 7, 2014 identifies subjective complaints of constant (illegible). It appears the patient has pain in most areas of the body. Objective examination findings appear to indicate paraspinal tenderness. The remainder of the objective examination is illegible. Diagnoses include cervical spine (illegible), thoracic spine (illegible), lumbar spine (illegible), bilateral shoulder impingement/labral tear, bilateral elbow pain, bilateral wrist CTS, and bilateral 3rd finger pain. The treatment plan recommends pain management, physical therapy, creams prescribed and administered, acupuncture, general surgeon referral, neurosurgeon referral, dentist referral, ENT referral, lumbar spine surgical referral, among others.

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Medical treatment utilization schedule, Â§9792.24.1 Official Disability Guidelines (ODG), Chronic Pain Chapter, Acupuncture

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is unclear what current concurrent rehabilitative exercises will be used alongside the requested acupuncture. Additionally, the current request does not include the number of visits and there is no provision to modify the current request. Finally, it is unclear what objective treatment goals are to be addressed with acupuncture. As such, the currently requested acupuncture is not medically necessary.

Capsaicin Patch, 2-3x4 Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 112113 of 127.

Decision rationale: Regarding request for capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to, or are intolerant to other treatments. Within the documentation available for review, there's no indication that the patient has obtained any analgesic effect or objective functional improvement from the use of capsaicin cream. Additionally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested capsaicin is not medically necessary.