

Case Number:	CM14-0127962		
Date Assigned:	08/15/2014	Date of Injury:	07/09/2009
Decision Date:	10/21/2014	UR Denial Date:	07/18/2014
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 Preventive 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:

According to the records made available for review, this is a 34-year-old male with a 7/9/09 date of injury. At the time (5/23/14) of request for authorization for Acupuncture w/Electrical Stimulation x15 minutes, Capsaicin Patch, and Infrared therapy, there is documentation of subjective (constant pain of the neck, mid-back, low back, shoulders, elbows, wrists/hands, and knees; numbness and tingling of the lower extremities with radiculitis) and objective (positive Kemp's test, positive straight leg raise test, positive paraspinal tenderness, and impingement with range of motion) findings, current diagnoses (lumbar spine disc protrusion, cervical sprain, bilateral knee osteoarthritis with internal derangement, bilateral shoulder impingement syndrome, bilateral elbow pain, and bilateral wrist pain and carpal tunnel syndrome), and treatment to date (acupuncture (unknown amount) and medications). In addition, medical reports identify a request for acupuncture 2 sessions x4 weeks to the shoulder, knee, neck, thoracic/lumbar spine and wrist to include electrical stimulation for 15 minutes, infrared, and capsaicin patch. The number of previous acupuncture therapy treatments cannot be determined. In addition, there is no documentation of acupuncture used as an option when pain medication is reduced or not tolerated, as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, 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; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of acupuncture therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture w/Electrical Stimulation x15 minutes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be 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, 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 addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar spine disc protrusion, cervical sprain, bilateral knee osteoarthritis with internal derangement, bilateral shoulder impingement syndrome, bilateral elbow pain, and bilateral wrist pain and carpal tunnel syndrome. In addition, there is documentation of a request for acupuncture 2 sessions x4 weeks to the shoulder, knee, neck, thoracic/lumbar spine and wrist to include electrical stimulation for 15 minutes, infrared, and capsaicin patch. Furthermore, there is documentation of previous acupuncture therapy. However, there is no documentation of acupuncture used as an option when pain medication is reduced or not tolerated, as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, 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 addition, there is no documentation of the number of previous acupuncture therapy treatments and if the number of treatments have exceeded guidelines. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of acupuncture therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for Acupuncture w/Electrical Stimulation x15 minutes is not medically necessary.

Capsaicin Patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be 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, 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 addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar spine disc protrusion, cervical sprain, bilateral knee osteoarthritis with internal derangement, bilateral shoulder impingement syndrome, bilateral elbow pain, and bilateral wrist pain and carpal tunnel syndrome. In addition, there is documentation of a request for acupuncture 2 sessions x4 weeks to the shoulder, knee, neck, thoracic/lumbar spine and wrist to include electrical stimulation for 15 minutes, infrared, and capsaicin patch. Furthermore, there is documentation of previous acupuncture therapy. However, there is no documentation of acupuncture used as an option when pain medication is reduced or not tolerated, as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, 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 addition, there is no documentation of the number of previous acupuncture therapy treatments and if the number of treatments have exceeded guidelines. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of acupuncture therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for Capsaicin Patch is not medically necessary.

Infrared therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low-Level Laser Therapy (LLLT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Chapter, Infrared Therapy

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be 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, 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 addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times

per week, and duration of 1-2 months. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar spine disc protrusion, cervical sprain, bilateral knee osteoarthritis with internal derangement, bilateral shoulder impingement syndrome, bilateral elbow pain, and bilateral wrist pain and carpal tunnel syndrome. In addition, there is documentation of a request for acupuncture 2 sessions x4 weeks to the shoulder, knee, neck, thoracic/lumbar spine and wrist to include electrical stimulation for 15 minutes, infrared, and capsaicin patch. Furthermore, there is documentation of previous acupuncture therapy. However, there is no documentation of acupuncture used as an option when pain medication is reduced or not tolerated, as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, 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 addition, there is no documentation of the number of previous acupuncture therapy treatments and if the number of treatments have exceeded guidelines. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of acupuncture therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for Infrared therapy is not medically necessary.