MAXIMUS Federal Services

Case Number:	CM14-0162350		
Date Assigned:	10/07/2014	Date of Injury:	10/13/2013
Decision Date:	11/03/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/02/2014

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:

Injured worker is a male with date of injury 10/13/2013. Per pain medicine visit note dated 9/18/2014, the injured worker complains of left shoulder pain. The pain is typically severe without treatment on a regular basis. Pain is described as an aching and stabbing sensation. Pain is exacerbated by periods of increased activity and lifting of objects. Pain is partially relieved by the use of analgesic medications and injection therapy. He reports that the needling sessions have been very helpful. As a result, he would like to try less Norco. When he had this previously he has so much WD he actually ended up taking more medication. He notes his PT confirmed that his ROM has increased by over 25% since starting the acupuncture and he is working towards a return to work now. On examination he appears alert and oriented without overt signs of intoxication or sedation. His gait and movements are within baseline for their level of function. He appears neurologically intact without apparent gross deficiencies that are altered from their baseline level of function. Diagnoses include 1) pain in joint of upper arm 2) myalgia and myositis not otherwise specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weekly Electro-Acupuncture treatments #6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines do recommend the use of acupuncture in the treatment of chronic pain. They recommend three to six treatments to produce functional improvements, at a frequency of one to three times per week. If functional improvement as a result of acupuncture treatments, then they may be extended. The optimum duration of acupuncture treatments is one to two months.The injured worker has had acupuncture treatments with reported benefits in comfort and range of motion. The injured worker is asking to reduce the amount of Norco he is prescribed as a result of his acupuncture treatments. Medical necessity of this request has been established within the recommendations of the MTUS Guidelines.Therefore, the request for Weekly Electro-Acupuncture treatments #6 is medically necessary and appropriate.

Additional 15 minutes per acupuncture treatment #6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines do recommend the use of acupuncture in the treatment of chronic pain. They recommend three to six treatments to produce functional improvements, at a frequency of one to three times per week. If functional improvement as a result of acupuncture treatments, then they may be extended. The optimum duration of acupuncture treatments is one to two months.The injured worker has had acupuncture treatments with reported benefits in comfort and range of motion. The injured worker is asking to reduce the amount of Norco he is prescribed as a result of his acupuncture treatments. There is no explanation of why additional time is requested for each acupuncture treatment. Although the acupuncture treatments are medically necessary, the medical necessity of additional time has not been established. Therefore, the request for additional 15 minutes per acupuncture treatment #6 is not medically necessary and appropriate.

Infrared therapy # 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low-Level Laser Therapy (LLLT) section Page(s): 57.

Decision rationale: Low level laser therapy is not recommended by the MTUS Guidelines. Given the equivocal or negative outcomes from a significant number of randomized clinical trials, it must be concluded that the body of evidence does not allow conclusions other than that the treatment of most pain syndromes with low level laser therapy provides at best the equivalent of a placebo effect. Given the equivocal or negative outcomes from a significant number of randomized clinical trials, it must be concluded that the body of evidence does not allow

conclusions other than that the treatment of most pain syndromes with low level laser therapy provides at best the equivalent of a placebo effect. Therefore, the Infrared therapy # 6 is not medically necessary and appropriate.

Lymphatic traction # 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lymph Drainage Therapy section, Page(s): 58.

Decision rationale: The MTUS Guidelines do not recommend the use of lymph drainage therapy. Manual lymphatic drainage therapy, as performed by massage therapists, is intended to stimulate or move excess fluid away from the swollen area so that it can drain away normally. As a treatment for chronic pain, there is no good evidence to support its use. Therefore, the request of Lymphatic traction # 6 is not medically necessary and appropriate.

TENS supplies #6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy section, Page(s): 114-116.

Decision rationale: The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used as well as outcomes in terms of pain relief and function, and a treatment plan including specific short and long term goals of treatment. TENS is not medically necessary; the necessity of this request has not been established within the recommendations of the MTUS Guidelines. Therefore, the request for TENS supplies #6 is not medically necessary and appropriate.

Acupuncture needles # 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines do recommend the use of acupuncture in the treatment of chronic pain. They recommend three to six treatments to produce functional improvements, at a frequency of one to three times per week. If functional improvement as a result of acupuncture treatments, then they may be extended. The optimum duration of acupuncture treatments is one to two months.The injured worker has had acupuncture treatments with reported benefits in comfort and range of motion. The injured worker is asking to reduce the amount of Norco he is prescribed as a result of his acupuncture treatments. Since additional acupuncture has been determined to be medically necessary, these supplies are also necessary. Therefore, the request for Acupuncture needles # 90 is medically necessary and appropriate.