

<b>Case Number:</b>	CM14-0162943		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	07/19/2009
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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 case involves a 67 year old male with a date of injury on 7/19/2009. Diagnoses included headaches, cervical disc displacement, lumbar disc displacement, lumbar radiculitis, right shoulder sprain, left shoulder strain, abdominal pain, hand joint pain, and anxiety. Subjective complaints are of headaches, neck pain with radiation to the right arm, low back pain, right shoulder, and abdominal pain. Physical exam showed decreased cervical range of motion with tender paraspinal muscles. There was increased pain with shoulder depression and foraminal compression. The lumbar spine had decreased range of motion and tender paravertebral muscles. The right shoulder had impingement signs, and tenderness to palpation. Submitted records indicate the patient had prior acupuncture without benefit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture (x 12): Infrared, manual acupuncture, electric acupuncture:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** CA acupuncture guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, or may be used as an adjunct to physical

rehabilitation and/or surgical intervention to hasten functional recovery. Duration and frequency of acupuncture is 3-6 treatments to produce functional improvement. An extension of treatment functional improvement should be documented. Functional improvement means a significant increase in daily activities or reduction in work restrictions, as determined by subjective and objective findings. For this patient, previous acupuncture had been performed, and improvements meeting the above criteria were not evident. Therefore, this request is not medically necessary.

**Capsaicin Patch:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Page(s): 28-29.

**Decision rationale:** CA MTUS recommends capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. For this patient, submitted records do not identify failure of other medications. Furthermore, documentation does not identify the anatomical location for application of the patch. Therefore, this request is not medically necessary.