MAXIMUS Federal Services

Case Number:	CM14-0216683		
Date Assigned:	01/06/2015	Date of Injury:	07/31/2014
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 63 year old received a low back injury at work on 07/31/2014. The injured worker (IW) experienced low back pain as a result of the injury. His diagnosis is Lumbar sprain/strain. The IW has received chiropractic treatments twice weekly for six weeks starting 08/25/2014 with extracorporeal shockwave applications. X-Rays of the lumbar spine were taken on 08/25/2014 showed spondylosisis of the L5 vertebra, a grade 2 spondylolisthesis of the L5 over S1 Vertebrae, severe narrowing of the L5-S1 intervertebral disc, and mild anterior lipping along the lumbar spine. A MRI taken 09/09/2014 correlated these findings and showed also diffuse disc protrusion with effacement of thecal sac at L2-3, L3-4, L4-5. A grade II arterolisthesis of L4 over L5 was noted as were fractures of pars interarticularis at L4 vertebra bilaterally. Current medications include Dicopanol 5 mg/ml oral suspension, one ml at bedtime for sleep, Deprizine 5mg/ml oral suspension, 10 ml once daily for gastric protection, Fantrex 25 mg /ml oral suspension, 5ml three times daily for pain, Tabradol 1mg/ml oral suspension, 5ml 2-3 times daily for pain, Ketoprofen 20% cream, apply thin layer to affected area, Cyclobenzaprine 5% cream apply thin layer to affected area. There is no documentation of the IW's response to these medications. In visit notes of 08/25/2014 the examiner notes tenderness of the lumbar spine and positive Kemps and Yeoman's tests. Examination by the treating physician on 09/22/2014 indicates the IW complains of low back pain radiating into the right buttock and leg at 4/10. The IW is able to heel and toe walk, and has a slight limitation of lumbar range of movement with tenderness. According to the Utilization Review (UR), a request was received on 12/05/2014 for Acupuncture (Infrared, manual elect and Capsaicin patch 3x week for 6 weeks. The UR of

12/12/2014 modified the request to acupuncture 2 times per week x 2 weeks. The capsaicin patch was denied. California Medical Treatment Utilization Schedule (CA-MTUS) was cited. On 12/20/2014, an application for independent medical review was made for acupuncture (infrared, manual, elect and Capsaicin patch) 3x week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (infrared, manual, elect and capsaicin patch) 3x/wk for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines Capsaicin Page(s): 28.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial authorized of four visits. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 18 visits exceeds the recommended guidelines for an initial trial. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments and this patient has not demonstrated either.