

Case Number:	CM15-0118708		
Date Assigned:	06/29/2015	Date of Injury:	08/23/2014
Decision Date:	07/29/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/19/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 41 year old female patient who sustained an industrial injury on 8/23/14. She subsequently reported multiple areas of injury due to cumulative trauma. Diagnoses include cervical disc protrusion, cervical myospasm, right shoulder impingement syndrome. Per the SOAP note dated 6/15/15 she had complaints of cervical, lumbar, right shoulder and right elbow pain. The physical examination revealed swelling and numbness in the right leg. Per the PT note dated 5/20/15, she had complaints of neck pain with radiation to the proximal 2/3 of the extremity. The physical examination revealed tenderness and decreased range of motion of the cervical spine. The current medication list is not specified in the records provided. She has had at least 8 acupuncture visits, physical therapy and shockwave therapy for this injury. A request for Acupuncture, infrared, elect acu 15 mins and capsaicin patch, 2 times a week for 4 week to right shoulder and pain management consultation was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, infrared, elect acu 15 mins and capsaicin patch, 2 times a week for 4 week to right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines cited below state that, "Acupuncture is 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." CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. Per the cited guidelines, "Acupuncture treatments may be extended if functional improvement is documented." Patient has already had at least 8 acupuncture visits for this injury. Therefore, the requested visits in addition to the previously rendered sessions are more than the recommended by the cited criteria. There is no evidence of significant ongoing progressive objective functional improvement from the previous acupuncture visits that is documented in the records provided. The medical records provided do not specify any intolerance to pain medications. Response to previous conservative therapy including physical therapy and pharmacotherapy was not specified in the records provided. The medical necessity of acupuncture is not fully established for this patient. Regarding capsaicin patch, the cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, and antidepressants)." There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. The medical necessity of Capsaicin patch is not fully established for this patient. The medical necessity of Acupuncture, infrared, elect acu 15 mins and capsaicin patch, 2 times a week for 4 week to right shoulder is not fully established in this patient at this time.

Pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are

present, or when the plan or course of care may benefit from additional expertise." Any evidence that the diagnosis is uncertain or extremely complex is not specified in the records provided. A detailed examination of the cervical spine with significant neurological deficits is not specified in the records provided. An abnormal diagnostic study report of cervical spine with significant abnormalities is not specified in the records provided. Response to previous conservative therapy including physical therapy and pharmacotherapy was not specified in the records provided. The medical necessity of pain management consultation is not fully established for this patient.