

<b>Case Number:</b>	CM15-0123130		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	05/08/2014
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 47 year old male, who sustained an industrial injury on 05/08/2014. Initial complaints and diagnosis were not clearly documented. On provider visit dated 05/18/2015 the injured worker has reported lumbar spine pain. On examination the lumbar spine was noted to have decreased range of motion with pain noted. The diagnoses have included lumbosacral sprain/strain and sciatica. Treatment to date has included medication, acupuncture and physical therapy. The provider requested acupuncture treatment 2x6 for lumbosacral spine and solar care FIR heating system for purchase for lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture Treatment 2x6 weeks for Lumbosacral spine:** Upheld

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

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

**Decision rationale:** This claimant was injured over a year ago. The claimant has lumbar spine pain with decreased range of motion. The diagnoses have included lumbosacral sprain/strain and sciatica. Treatment to date has included medication, acupuncture and physical therapy. The MTUS notes frequency and duration of acupuncture or acupuncture may be up to 6 treatments to confirm functional improvement. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). This frequency and duration requested is above guides as to what may be effective, and there is no objective documentation of effective functional improvement in the claimant. The sessions were appropriately non-certified under the MTUS Acupuncture criteria.

**Solar Care FIR Heating System for purchase for Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Page 48 of ACOEM, under Initial Approach to Treatment notes.

**Decision rationale:** As shared previously, this claimant was injured over a year ago. The claimant had lumbar spine pain with decreased range of motion. The diagnoses have included lumbosacral sprain/strain and sciatica. Treatment to date has included medication, acupuncture and physical therapy. Objective functional out comes out of past therapy is not given. This is a heat therapy pump. This durable medical equipment item is a device to administer regulated heat. However, the MTUS/ACOEM guides note that "during the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. They are most effective when the patient uses them at home several times a day." More elaborate equipment than simple hot packs are simply not needed to administer heat modalities; the guides note it is something a claimant can do at home with simple home hot packs made at home, without the need for such equipment. As such, this DME would be superfluous and not necessary, and not in accordance with MTUS/ACOEM. The request was appropriately non-certified. Therefore, the requested treatment is not medically necessary.