

Case Number:	CM15-0062195		
Date Assigned:	04/08/2015	Date of Injury:	01/08/2014
Decision Date:	05/13/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/01/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 39 year old male, who sustained an industrial injury on January 8, 2014. The injured worker had reported low back pain. The diagnoses have included lumbar radiculopathy, muscle spasms, mild lumbar spondylosis, lumbar disc herniation at multiple levels and gait abnormality. Treatment to date has included medications, lumbar brace, trigger point deactivation, chiropractic care, transcutaneous electrical nerve stimulation unit, cognitive behavior counseling, physical therapy, psychiatric consultation, a trial of cupping and acupuncture therapy. Current documentation dated March 17, 2015 notes that the injured worker appeared generally uncomfortable. Physical examination of the lumbar spine revealed severe spasms throughout the paraspinal muscles. The documentation notes that the injured worker was gradually improving. The injured worker underwent a trial of cupping, treatment with acupuncture and triggers point deactivation during the visit and obtained remarkable pain relief. The injured worker left the office pain free. The treating physician's plan of care included a request for a home cupping set.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home cupping set: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cao H, Li X, Liu J, An updated review of the efficacy of cupping therapy, PLoS One. 2012;7(2):e31793. doi: 10.1371/journal.pone.0031793. Epub 2012 Feb 28.

Decision rationale: The MTUS and ODG are silent on cupping for chronic pain. After thorough review of the literature, Cao found, 135 RCTs published from 1992 through 2010 were identified. The studies were generally of low methodological quality. Diseases for which cupping therapy was commonly applied were herpes zoster, facial paralysis (Bell palsy), cough and dyspnea, acne, lumbar disc herniation, and cervical spondylosis. Wet cupping was used in most trials, followed by retained cupping, moving cupping, and flash cupping. Meta-analysis showed cupping therapy combined with other TCM treatments was significantly superior to other treatments alone in increasing the number of cured patients with herpes zoster, facial paralysis, acne, and cervical spondylosis. No serious adverse effects were reported in the trials. The medical records fail to document any of the above indications. As such, the request for home cupping set is not medically necessary.