

Case Number:	CM13-0009708		
Date Assigned:	11/06/2013	Date of Injury:	07/18/2001
Decision Date:	03/14/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 physician 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:

The employee is reported to have a chronic pain syndrome with headaches, neck, back and upper extremity pain with history of CRPS and SCS implant, and has not had recent acupuncture. There were no acupuncture progress notes available for review. The employee recently switched pain management physicians, who is suggesting a new trial of acupuncture x 6. The MTUS/acupuncture treatment guidelines indicate that there should be some evidence of functional improvement within 3-6 sessions of acupuncture. The employee has not had acupuncture for some time, and has not had any under the supervision of the new pain management physician. The request for a new trial of acupuncture appears reasonable and in accordance with MTUS/ Acupuncture guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy QTY: 6: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section Physical Therapy Guidelines for the neck and upper back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The employee is reported to have a chronic pain syndrome with headaches, neck, back and upper extremity pain with history of CRPS and SCS implant, and has not had PT in 3-4 years. There were no PT progress notes available for review. The employee recently switched pain management physicians, who is suggesting a trial of PT x 6. MTUS guidelines recommend up to 8-10 sessions of PT for various myalgias and neuralgias, and up to 24 sessions for CRPS. The trial of 6 sessions of PT appears to be in accordance MTUS guidelines

Acupuncture QTY: 6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The employee is reported to have a chronic pain syndrome with headaches, neck, back and upper extremity pain with history of CRPS and SCS implant, and has not had recent acupuncture. There were no acupuncture progress notes available for review. The employee recently switched pain management physicians, who is suggesting a new trial of acupuncture x 6. The MTUS/acupuncture treatment guidelines indicate that there should be some evidence of functional improvement within 3-6 sessions of acupuncture. The employee has not had acupuncture for some time, and has not had any under the supervision of the new pain management physician. The request for a new trial of acupuncture appears reasonable and in accordance with MTUS/ Acupuncture guidelines.

Nutrition Counseling QTY: 6: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Nutritional Counseling, Number 0049.

Decision rationale: The employee is reported to have a chronic pain syndrome with headaches, neck, back and upper extremity pain with history of CRPS and SCS implant. The employee is reported to be 5'2", 180 lbs which is BMI 32.9. The employee appears to be obese, and MTUS/ACOEM and ODG do not mention nutrition counseling. [REDACTED] guidelines were consulted. [REDACTED] considers nutritional counseling of unproven value for conditions that have not been shown to be nutritionally related, including but not limited to asthma, attention-deficit hyperactivity disorder and chronic fatigue syndrome. The physician has not provided a rationale for nutritional counseling for the employee's pain condition, but does show that the employee is obese. Obesity would be a nutritionally related condition, and would meet the [REDACTED] criteria for nutritional counseling.