MAXIMUS Federal Services

Case Number:	CM13-0014502		
Date Assigned:	10/03/2013	Date of Injury:	02/06/2013
Decision Date:	02/19/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/21/2013

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 and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois, Indiana and Texas. 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 patient was a female with complaints of pain to her neck, chest, ribs, back and hips resulting from an injury on 02/06/2013.The patient claimed that a box fell on her causing her to lose her footing and she fell onto the products behind her. The patient participated in physical therapy with little improvement. The patient had noted tenderness to her lumbar spine upon examination on 07/22/2013. The patient had a history of narcotic abuse. Thus, she was managing her pain with Non-Steroidal Anti-Inflammatory Drugs (NSAID)'S .

IMR ISSUES, DECISIONS AND RATIONALES

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

1. Lumbar Spine Acupuncture with Modalities: QTY 8.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for Lumbar Spine Acupuncture with Modalities: QTY 8.00 is non-certified. The California MTUS guidelines recommend the use of acupuncture in patients when they cannot tolerate medications. However, the patient was noted as having 2-3 out of 10 pain with the use of NSAIDs. The patient was noted having greater function, greater range of

motion and improved activity level with the use of medications. Additionally, the guidelines recommend 3 to 6 treatments with 1 to 3 times per week. The request for 8 sessions exceeds guideline recommendations. Furthermore, the request failed to address the period of treatment. Given the information submitted for review the request for Lumbar Spine Acupuncture with Modalities: QTY 8.00 is non-certified.

Moist Heat Unit-Lumbar QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 5th Edition, 2007 Low Back-Heat therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Heat Therapy.

Decision rationale: The request for Moist Heat Unit-Lumbar QTY: 1.00 is non-certified. The Official Disability Guidelines recommend heat therapy as an option. However, the request failed to specify whether the request was for a rental or purchase of a moist heat unit. Furthermore, rental would be recommended for durable medical equipment for a period of time to evaluate for efficacy. The documentation submitted for review failed to provide the duration of use for the unit. It is further noted that the request was unclear as to what type of unit was desired. Given the information submitted for review the request for Moist Heat Unit-Lumbar QTY: 1.00 is non-certified.