MAXIMUS Federal Services

Case Number:	CM13-0017692		
Date Assigned:	10/11/2013	Date of Injury:	02/05/2013
Decision Date:	01/23/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/28/2013

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 patient is a 54 year old male with a date of injury of 02/05/13. Diagnoses include facial/head contusion; cervical injury radiculopathy; lumbar musculoskeletal injury; right shouolder impingment; loss of sleep per 7/26/13 report by the treater. Presenting complaints include headaches, constant neck pain, low back pain, right shoulder pain with insomnia. Examination showed tenderness to palpation. Treatment requests were for acupuncture, home kit, TENS unit. CT of head, sleep studies and psych consult were being waited on. On a previous visit, 5/17/13, the treater requested chiropractic treatments, CT, MRI's, and funtional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the neck and right shoulder (12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient suffers from chronic headaches, neck pain from a fall injury. The treater has asked for acupuncture up to 12 sessions. MTUS guidelines allow for acupuncture

to treat chronic pain including headaches, neck and low back among other conditions. However, MTUS guidelines allow for an initial 6 session trial before allowing for more treatments. Although acupuncture request is appropriate, the requested number of visits exceed what is allowed for a trial.

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Trancutaneous Electrotherapy Page(s): 114-116.

Decision rationale: This patient suffers from chronic headaches and neck/low back pains. The treater has asked for a dual TENS/EMS unit to help this patient's chronic pain. MTUS guidelines recommend 30-day trial for TENS unit, but the treater's notes do not specify whether this reuqest is for a trial or home use. Furthermore, the treater's request for authorization form indicates a dual TENS/EMS unit. MTUS guidelines do not recommend neuromuscular stimulator units, which is close to the electrical muscle stimulation being requested.

home kit: Upheld

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 Official Disability Guidelines. The Physician Reviewer's decision rationale:

Decision rationale: Review of the request for authorization reports show that the treater is asking for home exercise kit for shoulder, neck and low back. While exercise is recommended in MTUS, ACOEM, and ODG guidelines, the current request for an exercise kit for shoulder, neck, and low back does not delineate what is included in the kit. Without knowing what the kit is for, one cannot make a recommendation regarding its appropriateness based on the guidelines. The treater does not provide any useful discussion regarding his request. There is no discussion regarding what exercises are to be performed and what kind of monitoring will be done.