MAXIMUS Federal Services

Case Number:	CM13-0018845		
Date Assigned:	10/11/2013	Date of Injury:	01/25/2012
Decision Date:	01/24/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	08/30/2013

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 Occupational Medicine 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 applicant has filed a claim for chronic shoulder and low back pain reportedly associated with an industrial injury of January 25, 2012. Thus far, the applicant has been treated with the following: analgesic medications; unspecified amounts of chiropractic manipulative therapy and acupuncture; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; electrodiagnostic testing on June 9, 2012, notable for right C5-C6 radiculopathy; electrodiagnostic testing on July 16, 2012, notable for lumbar radiculopathy; MRI imaging of the lumbar and cervical spine, notable for multilevel degenerative changes with neural foraminal stenosis and spinal stenosis of uncertain clinical significance; and extensive periods of time off of work, on total temporary disability. In a utilization review report of August 30, 2013, the claims administrator partially certified six sessions of acupuncture and six sessions of chiropractic manipulative therapy. It was incidentally noted that manipulation had been denied at various points in time owing to report of lack of functional improvement, but the attending provider believed that the applicant has not had extensive manipulation or acupuncture in the past. A July 8, 2013 note is notable for comments that the applicant had six sessions of acupuncture in 2012. She is using an H-wave unit. She is also using Vicodin and Soma. She would like to continue epidurals, manipulation, physical therapy, and chiropractic treatment. She is taken off of work and placed on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture X 8 for Low Back and Right Scapular: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): s 298-300,Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: All information on file suggests that this is in fact a renewal request for acupuncture and that the applicant has had prior acupuncture in the past. As noted in MTUS 9792.24.1.d., acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, there is no such evidence of functional improvement. Section 9792.20f defines functional improvement as a clinically significant improvement in activities of daily living or reduction in work restrictions and/or reduction in dependence on continued medical treatment. In this case, the applicant is off of work, on total temporary disability. The attending provider comments that the applicant has improved in terms of performance of non-work activities of daily living; however, applicant has failed to reduce any dependence on medical treatment as she continues to receive various medications, physical therapy, acupuncture, manipulation, etc. This is inconsistent with the definition of functional improvement. It is further noted that MTUS 9792.24.1.c.1 deems time needed to produce functional improvement following introduction of acupuncture is three to six treatments. The applicant was already issued a partial certification by the claims administrator for six additional treatments. For all of these reasons, then, the eight-session course of acupuncture being proposed here cannot be supported and is therefore not certified.

Chiropractic Treatment X 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): s 298-300. Decision based on Non-MTUS Citation ODG Chiropractic Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): s 58-59.

Decision rationale: The applicant has had prior manipulative therapy over the life of the claim. As noted on pages 58 and 59 of the MTUS Chronic Pain Medical Treatment Guidelines, anywhere from 18 to 24 sessions of manipulation can be supported for chronic musculoskeletal issues, provided there is evidence of successful return to work. In this case, however, there is no evidence of successful return to work. The applicant is off of work, on total temporary disability. Pursuing additional manipulative therapy is not indicated. Therefore, the request is not certified.

SomaÂ® 350 mg, #60, with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (SomaÂ®) Page(s): 29.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol, or SomaÂ®, is not recommended for chronic use purposes. In this case, the applicant has furthermore failed to clearly demonstrate any functional improvement through prior usage of SomaÂ®. The applicant's failure to return to any form of work and concomitant usage of numerous other analgesic medications, including Vicodin, implies a lack of functional improvement as defined in section 9792.20f. Therefore, the request is non-certified upon independent medical review.