MAXIMUS Federal Services

Case Number:	CM13-0039205		
Date Assigned:	12/18/2013	Date of Injury:	08/22/2012
Decision Date:	04/07/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/03/2013

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working least at 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:

This patient is a 28 year-old with a date of injury of 08/22/12. A progress report associated with the request for services, dated 09/11/13, identified subjective complaints of thoracic back pain, worse with bending and lifting. Objective findings included tenderness of the thoracic paraspinal muscles. Motor and sensory function was intact. Diagnoses included herniated disc at T8-9 with pain. Treatment has included physical therapy, chiropractic care, topical analgesics and oral NSAIDs and muscle relaxants. Six acupuncture sessions were received in April of 2013. His pain improved and there was some improvement in range-of-motion. A Utilization Review determination was rendered on 09/27/13 recommending non-certification of "Back classes x 3 months; 6 additional acupuncture".

IMR ISSUES, DECISIONS AND RATIONALES

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

Back classes x 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

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, Back Schools; Education.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not address back classes. The Official Disability Guidelines (ODG) state that back schools are recommended for treatment primarily in an occupational setting. There is evidence that back schools have better short-term effects than other treatments for chronic low back pain, and there is evidence that back schools in an occupational setting are more effective than in non-occupational settings. Specific duration and frequency of classes are not recommended. However, they note evidence that an individual 2.5-hour oral education session was more effective than no intervention for return-to-work. The request is for six months of classes without specifying frequency. The Guidelines do not recommend an unspecified number of classes as medically necessary and therefore the original request as documented is not medically necessary.

6 additional acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that acupuncture is used as an option when pain medication is reduced or not tolerated. It further states that acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range-of-motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The frequency and duration of acupuncture is listed as: - Time to produce functional improvement: 3 to 6 treatments. - Frequency: 1 to 3 times per week. - Optimum duration: 1 to 2 months. It is noted that acupuncture treatments may be extended if functional improvement is documented. In this case, the optimum number of acupuncture treatments has been met. The medical record does not document significant functional improvement to extend the treatments. Therefore, there is no documented medical necessity for additional acupuncture as requested.