

Case Number:	CM13-0047550		
Date Assigned:	12/27/2013	Date of Injury:	04/01/2005
Decision Date:	02/28/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/04/2013

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 and is licensed to practice in Illinois. 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 67-year-old female who reported an injury on 04/01/2005 due to cumulative trauma while performing normal job duties. The patient reportedly sustained an injury to her cervical spine. Previous treatments included physical therapy, a home exercise program, cervical epidural steroid injections, medications, and acupuncture. The patient's physical findings included tenderness to palpation over the paraspinal musculature. The patient's diagnoses included chronic neck pain and bilateral arm pain. The patient's treatment plan included continuation of medications, a home exercise program, and continuation of acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment 2 times a week for 4 weeks: 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)

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested acupuncture 2x4, quantity 8, is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has previously undergone acupuncture therapy sessions with significant functional benefit.

California Medical Treatment Utilization Schedule recommends acupuncture as an adjunct therapy to active therapy when pain medication is reduced or not tolerated. The clinical documentation submitted for review does not specifically identify a reduction in pain medication that would support continuation of this treatment modality. Additionally, California Medical Treatment Utilization Schedule recommends an optimum duration of treatment for this modality of 1 to 2 months. The clinical documentation submitted for review does support that the patient has exceeded this treatment recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested acupuncture 2 times a week for 4 weeks is not medically necessary or appropriate.

Colace 100mg,Qty 360: 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 Section Medications for Chronic pain and Opioids, Initiating Therapy Page(s): 60,77.

Decision rationale: The requested Colace 100 mg 2 to 4 times a day, #360 for 3 months, quantity 360 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient was provided this medication when opioid therapy was initiated. Chronic Pain Medical Treatment Guidelines does recommend the use of constipation prophylactics when opioid therapy is initiated. However, Chronic Pain Medical Treatment Guidelines also recommends medications used in the management of a patient's chronic pain symptoms be supported by symptom response and functional benefit. The clinical documentation does not provide an assessment of this patient's responded to this medication to support the efficacy and need for continued use. Therefore, the requested Colace 100 mg 2 to 4 times a day, for 3 months, quantity 360 is not medically necessary or appropriate.