MAXIMUS Federal Services

Case Number:	CM13-0053736		
Date Assigned:	01/24/2014	Date of Injury:	06/11/2008
Decision Date:	06/11/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 is a 59-year-old who has reported low back pain after an injury on June 11, 2008. She has been diagnosed with lumbar disk disease, post laminectomy syndrome, sacroiliac joint pain, and hip bursitis. She has been treated with medications, injections, and acupuncture. The medical record pertinent to the Chi Machine is from November 7, 2013. The treating physician stated that a Chi Machine was trialed during acupuncture, that it gave a reduction in radicular pain, and that she could tolerate up to 2 hours of driving. There is no further discussion of this machine. The other medical records refer to ongoing pain, polypharmacy, injections, and results of acupuncture. On November 4, 2013 Utilization Review non-certified a Chi Machine purchase, noting the lack of supporting medical evidence and that the machine may not be medical treatment at all. This Utilization Review decision was appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHI MACHINE PURCHASE: 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 (ODG), Pain chapter, Chi

machine: Under study for lymphedema, but not recommended for other conditions, including chronic pain, since there is no evidence of its effectiveness.

Decision rationale: The treating physician has provided minimal information about this machine. The MTUS does not address a Chi Machine. The Official Disability Guidelines are cited above. The Official Disability Guidelines recommends against this device as a treatment for chronic pain, noting the lack of medical evidence. The request for a Chi machine purchase is not medically necessary or appropriate.