MAXIMUS Federal Services

Case Number:	CM13-0056787		
Date Assigned:	12/30/2013	Date of Injury:	04/09/2003
Decision Date:	04/01/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/22/2013

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 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 52-year-old male who reported an injury on 04/09/2003. The mechanism of injury was not provided for review. The patient's treatment history was significant for multiple back surgeries that failed to resolve the patient's pain. The patient most recently received conservative treatment to include medications, physical therapy, aquatic therapy, trigger point injections, and acupuncture. The patient's most recent documentation noted that the patient had multiple palpable trigger point responses in the cervical spine, thoracic spine, and lumbar spine. The patient had tenderness at the facet joint lines and tenderness at the thoracic paraspinal musculature. The patient's diagnoses included failed back syndrome of the lumbar spine, lumbosacral radiculopathy, and muscle spasming. The patient's treatment plan included continuation of acupuncture as the patient has had significant pain relief from prior treatments, continuation of medications, and continuation of physical therapy and pool therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) 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 requested eight (8) Acupuncture Sessions are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends acupuncture treatments be based on documentation of functional improvement as a result of prior acupuncture treatments. It is also recommended that an optimum duration of 1 month to 2 months be observed. The clinical documentation submitted for review does indicate that the patient has previously undergone acupuncture treatments. However, specific quantitative and detailed evidence of pain relief, increased functional capabilities, and medication reduction are not provided as a result of the patient's prior therapy. Therefore, continued therapy would not be supported. As such, the requested eight (8) Acupuncture Sessions are not medically necessary or appropriate.

X-Ray of the thoracic spine: 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 ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested X-ray of the Thoracic Spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not recommend x-rays in the absence of an acute injury or when there is suspicion of red flag diagnoses. The clinical documentation submitted for review does not provide any evidence that the patient has any physical findings that would support red flag diagnoses. Additionally, there is no documentation that the patient has any progressive neurological deficit of the thoracic spine to support an imaging study. As such, the requested X-ray of the Thoracic Spine is not medically necessary or appropriate.