

Case Number:	CM13-0058206		
Date Assigned:	12/30/2013	Date of Injury:	04/11/1988
Decision Date:	03/20/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/26/2013

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 & 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:

This is a 61 year-old female who was injured on 4/11/1988. She has been diagnosed with a neck sprain and myalgia. On 9/10/13, [REDACTED] recommends his FRP evaluation, use of amitriptyline, acupuncture x12 and 3 month follow-up. On 11/8/13 UR denied these recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twelve sessions for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale The patient presents with chronic neck and shoulder pain. The earliest reported available for this IMR, is the 7/18/13 report from [REDACTED]. The patient was working as a broccoli packer and was sliding a box to the side and heard a crack in her neck and had shoulder spasm. This was on 4/11/1988. She is reported to have tried chiropractic care, medications, massage, PT and TENS without a change in her condition. There are no prior acupuncture records available for review, and there is no mention of prior acupuncture. The MTUS/Acupuncture guidelines state that there should be some functional improvement within the first 3-6 sessions of acupuncture and if functional

improvement is documented, these can be extended. The request for 12 sessions of acupuncture will exceed the MTUS/Acupuncture guidelines recommendation for a trial period.

Prescription of Amitriptyline 10mg po QHS #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines tricyclic antidepressants..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The Physician Reviewer's decision rationale: The patient presents with chronic neck and shoulder pain. There is no neuropathic pain documented. The only medications used were Tylenol, Motrin and Aclimafel from another physician. MTUS states that antidepressants are a possibility for non-neuropathic pain. The request for an Amitriptyline trial appears to be in accordance with MTUS guidelines.

Multidisciplinary evaluation with HELP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

Decision rationale: The Physician Reviewer's decision rationale: MTUS provides criteria for functional restoration programs: "Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed." MTUS states all criteria (1) through (6) must be met. None of the criteria have been met. There has been no adequate or thorough evaluation, with baseline functional testing. There does not appear to be an absence of other options, (acupuncture has not been tried, or medications, behavioral therapy), that are likely to provide functional improvement. There is no mention that the patient has lost ability for function independently, there was no discussion if surgery or other treatments would be warranted, there is not mention if the patient is willing to forgo secondary gain, and the negative predictors of success have not been addressed. The request is not in accordance with MTUS guidelines.

Return to the clinic in three months for a pain management follow up office visit:

Overtured

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: The Physician Reviewer's decision rationale: There is no set frequency for physician follow-up visits, but MTUS/ACOEM does allow for follow-up visits. In this case, the physician has prescribed medication and a follow-up visit is necessary to document whether there is efficacy.