

Case Number:	CM14-0133358		
Date Assigned:	08/22/2014	Date of Injury:	02/24/2003
Decision Date:	10/17/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/20/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Georgia. 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:

The patient is a 45-year-old female who was injured on 02/24/2003. The mechanism of injury is unknown. Prior treatment history has included acupuncture therapy with little benefit. Prior medication history included Lyrica, Savella, Nucynta, Norco, Percocet, Ibuprofen, Dendracin, and Topamax. Progress report dated 05/02/2014 indicated the patient presented with a flare up of her right wrist and shoulder with burning pain. She rated her pain as 8/10. Objective findings on exam revealed positive allyodynia of the right thumb and wrist with swelling. She had difficulty making a fist and grasping things. There was tenderness to palpation of the trapezius on the right and range of motion was decreased in abduction and pain with extension/rotation. The patient was diagnosed with complex regional pain syndrome of the right upper extremity, and status post successful spinal cord stimulator implant. A recommendation was made for ibuprofen 800 mg as it helps to relieve her pain along with a functional restoration program, and restarting acupuncture twice a week for 6 weeks as it had helped decrease her sensitivity, increased work tolerance, and increased sleep in the past. Prior utilization review dated 08/15/2014 stated the requests for Functional Restoration Program and Acupuncture x 12 Visits was denied, as medical necessity had not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Chronic pain programs (functional restoration programs) Page(s): Pages 30-32.

Decision rationale: The Medical Utilization Treatment Schedule (MTUS) recommends functional restoration programs "where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recover." It should be noted, however, that these programs are recommended only after an "adequate and thorough evaluation has been made; including baseline functional testing so follow-up with the same test can note functional improvement." The provided medical documentation presents no record of any kind of an objective evaluation of function at baseline having been performed. Based on the MTUS guidelines and criteria as well as the clinical documentation discussed above, the request is not medically necessary.

Acupuncture X12 Visits: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Pain (chronic) updated 7/10/14

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Medical Utilization Treatment Schedule (MTUS) chronic pain and medical treatment guidelines notes that acupuncture "may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture is recommended at a frequency of 1-3 times per week for 1-2 months, with 3 to 6 treatments typically needed to produce functional improvement, with "functional improvement" meaning "...either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during history and physical exam, performed and documented as part of the evaluation and management visit...and a reduction in the dependency on continued medical treatment."The provided progress report from 05/02/2014 note "the patient needs less medication and has increased activity while in acupuncture but at this time is having worsening symptoms."While the provided records are not explicit in describing specifically which activities the patient has increased activity with, nor how significant the reduction in her use of medications was with acupuncture, it still fulfills the criteria outlined above. Therefore, based on the MTUS guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.