MAXIMUS Federal Services

Case Number:	CM14-0150235		
Date Assigned:	09/18/2014	Date of Injury:	01/17/2011
Decision Date:	10/17/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/15/2014

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 & Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 57 year old male who sustained a work injury on 7-1-86. Office visit on 8-21-14 notes the claimant has right lower extremity burning pain sensation and back pain. He reports intermittent twitching of the anterior quadriceps muscles of his right high. The claimant is being managed with medications. He has been treated with physical therapy and epidural steroid injection with less than 50% impairment with epidural steroid injection. The claimant is status post laminectomy at L3, L4 and L5 performed on 2-8-11. AME on 12-10-12 notes the cm was evaluated to assess his sleep condition. Office visit on 1-7-13 notes the claimant has a diagnosis of cervical myoligamentous sprain/strain with radicular complaints, lumbar spine discopathy, stenosis, status post L3-L5 lamineocmty and decompression with residuals, and stress/anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of three Sympathetic blocks-right side: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines stellate ganglion block Page(s): 108. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - CRPS sympathetic blocks

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that stellate ganglion blocks are recommendations are generally limited to diagnosis and therapy for CRPS. ODG notes that sympathetic blocks are recommended only for selected cases. There is an absence in documentation noting that this claimant has CRPS. Additionally ODG notes that there should be evidence that all other diagnoses have been ruled out before consideration of use and there should be evidence that the Budapest (Harden) criteria have been evaluated for and fulfilled. Therefore, based on the records provided, with absence of recent physical exam findings, the medical necessity of this request is not established.

Acupuncture 3 x 6 lumbar/right lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. The request for 3 x 6 acupuncture sessions exceed current treatment guidelines. The medical necessity of acupuncture exceeding current treatment guidelines is not documented. Therefore, this request is not reasonable or medically indicated.