

Case Number:	CM14-0158918		
Date Assigned:	10/14/2014	Date of Injury:	02/05/2008
Decision Date:	11/13/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	09/29/2014

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 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:

There were 268 pages provided for this review. The application for independent medical review was signed on September 26, 2014. It was for four more acupuncture sessions to the left upper extremity and one referral to an internal medicine specialist regarding gastrointestinal complaints. Per the records provided, the patient is described as a 65-year-old man injured back in the year 2008. He presented on August 26, 2014 with complaints of increased lower back pain with occasional numbness into the legs. He also had hemorrhoids in the six and nine positions, which were externally located in anus, and constipation. There was paravertebral hypertonicity, spasm and tenderness on both sides. There was spinous process tenderness at L4 and L5. Ankle jerk was two out of four on both sides and patellar jerk was two out of four on both sides. The provider was asked to describe the extent of therapies and treatments the patient has received within the past 12 months for the treatment of hemorrhoids and state the response. The provider responded by only submitting previously submitted acupuncture notes. The patient was already non certified for acupuncture in several previous reviews because the patient had completed a total of seven treatments, with no clinical documentation of significant improvement. It did not appear that basic care for GI symptoms had been provided. The referral to the internal medicine specialist was not warranted because the guideline suggest to simply switching to a different non-steroidal anti-inflammatory, stopping the non-steroidal anti-inflammatory or considering a proton pump inhibitor and these basic measures had not been tried in this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Acupuncture sessions to the left upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS notes frequency and duration of acupuncture or acupuncture may be up to 6 treatments to confirm functional improvement. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). This however was a request for more sessions when the objective functional improvements out of past sessions were not clear. The request is not medically necessary.

1 Referral to Internal Medicine Specialist Re: Intestinal Complaints: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

Decision rationale: ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. Moreover, basic primary care level measures should be exhausted before specialist referral. The request is not medically necessary.

1 referral to general surgeon re: resection of hemorrhoids: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

Decision rationale: ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when

psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. It again is not clear what basic; primary care-level treatments had been exhausted prior to specialist referral. The request is not medically necessary.