

Case Number:	CM14-0164379		
Date Assigned:	10/09/2014	Date of Injury:	10/09/2013
Decision Date:	11/10/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/06/2014

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 Family Medicine and is licensed to practice in Arizona. 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 36 year old male with a date of injury on 10/9/2013. Diagnosis is a low back strain. Subjective complaints are of constant low back pain with numbness down the legs. Physical exam shows decreased lumbar range of motion, and paravertebral muscle tenderness. Straight leg raise test was positive bilaterally. Prior utilization review gave modified certification for 6 sessions of acupuncture. Prior treatments include physical therapy, TENS, MRI of the lumbar spine, and medications. Medications include Ibuprofen and Flexeril. The patient was recommended for a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to PHD for evaluation for Functional Restoration Program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS Page(s): 31-34.

Decision rationale: CA MTUS identifies specific criteria for inclusion in a functional restoration program including; adequate and thorough prior investigation, failure of previous treatment modalities, significant loss to function independently, not a surgical candidate, and patient

exhibits motivation to change. The submitted documentation did not demonstrate that this patient fulfills all of these criteria. Specifically, the patient has not failed all treatment modalities, and has not yet been ruled out as a surgical candidate. Therefore, the medical necessity of this request is not established at this time.

Additional acupuncture x 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA acupuncture guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, or may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Duration and frequency of acupuncture is 3-6 treatments to produce functional improvement, with extension of treatment is functional improvement is documented, with "functional improvement" meaning a significant increase in daily activities or reduction in work restrictions, as determined by subjective and objective findings. For this patient, previous acupuncture had been performed, and improvements meeting the above criteria were not evident. Therefore, the medical necessity for additional acupuncture treatment is not established.