MAXIMUS Federal Services

Case Number:	CM14-0037846		
Date Assigned:	06/25/2014	Date of Injury:	09/25/2013
Decision Date:	08/13/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/31/2014

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 Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 51 year old female with date of injury of 9/25/2013. A review of the medical records indicate that the patient is undergoing treatment for sprains and strains of the neck, sprains and strains of the lumbar spine, displacement of the cervical and lumbar discs without myelopathy. Subjective complaints include constant moderate dull achy and sharp neck and low back pain aggravated by looking up or down or sitting, standing or bending. Objective findings include decreased ROM in the cervical spine and 3+ tenderness to palpation of the cervical paravertebral muscles. In the lumbar spine, there is also decrease ROM and tenderness to palpation of the paravertebral muscles. Treatment has included past physical therapy and acupuncture, home TENS unit and Vicodin, Flexeril, capsaicin cream, tramadol, and naproxen. The utilization review dated 2/27/2014 non-certified of 8 acupuncture treatments and 8 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture treatments for the cervical and lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Acupuncture.

Decision rationale: The MTUS Acupuncture Guidelines clearly state that acupuncture is 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. The medical documents did not provide detail regarding the patient's increase or decrease in pain medication. Further, there was no evidence to support that this treatment would be utilized as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. The ODG does not recommend acupuncture for acute low back pain. The initial trial should be 3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks There is no evidence provided of the functional improvement from the past acupuncture sessions is not medically necessary. Therefore, the request for 8 acupuncture treatments is not medically necessary.

8 sessions of physical therapy for the cervical and lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194,Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: It is not clear from the medical records provided for review how many sessions of physical therapy the employee had in the past, and what functional benefit was gained from those sessions. ACOEM Guidelines indicate that a complete review of the past history is necessary before certifying any additional treatment. The Guidelines additionally state that there should be a fading of the frequency from 3 visits per week to 1 plus active, self-directed home physical medicine. There is no evidence of a home physical medicine program. Therefore, 8 sessions of physical therapy are not medically necessary.