

Case Number:	CM14-0070465		
Date Assigned:	07/14/2014	Date of Injury:	04/02/1998
Decision Date:	09/22/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/15/2014

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 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:

This is a 70-year-old female with a 4/2/98 date of injury. The mechanism of injury was not noted. According to a progress report dated 3/17/14, the patient complained of ongoing pain to her neck and low back which has benefitted in the past from physical therapy and acupuncture therapy mostly. It has been over six months since her last session. Objective findings: mild torticollis bilaterally, exquisite cervical spine tenderness and muscle spasm, pain on scapular retraction, tenderness in the paraspinous musculature of the lumbar region on the right, midline tenderness noted in the lumbar spine, muscle spasm positive over lumbar spine. Diagnostic impression: C5-6 and C6-7 discopathy with left-sided radiculopathy, bilateral upper extremity overuse tendinopathy, status post right first carpometacarpal joint arthroplasty, L5-S1 disc herniation with sciatica, gastrointestinal disturbance, psychiatric complaints. Treatment to date: medication management, activity modification, physical therapy, acupuncture, aqua therapy. A UR decision dated 4/25/14 denied the requests for 12 sessions of acupuncture and orthopedic re-evaluation. Regarding acupuncture, there is insufficient clinical documentation of progress notes regarding the sessions or objective evidence of functional improvement with acupuncture. Regarding orthopedic re-evaluation, the provider has recommended a re-evaluation in six to eight weeks, which would be appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture neck & bilateral upper extremities x 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics Page(s): 114. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter page 114.

Decision rationale: The California MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. It is noted that the patient has benefitted from prior acupuncture treatments. However, this injury is over 16 years old, and it is unclear how many total acupuncture sessions the patient has completed. There was no documentation of significant functional improvement. Therefore, the request for Acupuncture neck and bilateral upper extremities x 12 was not medically necessary.

Orthopedic Re-evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Initial Evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Office Visits.

Decision rationale: The California MTUS does not address this issue. The ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. It is documented in a 3/17/14 progress report that the provider would like the patient to return for an orthopedic re-evaluation within six to eight weeks. Guidelines recommend follow-up visits in order to assess the patient's medical condition and to evaluate the patient's treatment plan. Therefore, the request for Orthopedic Re-evaluation was medically necessary.