MAXIMUS Federal Services

Case Number:	CM14-0073437		
Date Assigned:	07/16/2014	Date of Injury:	08/06/2012
Decision Date:	09/22/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/20/2014

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 22-year-old male with a 8/6/12 date of injury. The patient injured his back when he was pulling a pipe to place it on a box to clean with pressure washer. According to a progress report dated 5/14/14, the patient complained of moederate pain in his back that was achy and sharp. His pain was improved with stretches, heat, medications, and acupuncture. The provider is requesting acupuncture therapy and a follow-up visit with [redacted] because a second request for another ESI made by [redacted] was rejected. Objective findings: pain to palpation present over the lumbar spine, pain on motion over the lumbar spine, tenderness present in the midline, limited lumbar spine ROM. Diagnostic impression: lumbar spine sprain, lumbar radiculopathy. Treatment to date: medication management, activity modification, chiropractic therapy, acupuncture, ESI.A UR decision dated 5/7/14 denied the requests for 6 additional acupuncture sessions and follow up visit with physical medicine and rehabilitation specialist. Regarding acupuncture, there is no documentation of objective functional improvement noted from the prior acupuncture such as decrease in medication use, increased ADLs, etc. Regarding follow up visit, the medical necessity for this request was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Acupuncture Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 114,Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Page(s): 1. 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: CA 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 unclear if the patient has completed his 8 authorized acupuncture sessions at this time. Further acupuncture treatment cannot be authorized at this time until the completion of his full-course of authorized treatments. Therefore, the request for 6 additional acupuncture sessions was not medically necessary.

Follow Up Visit with Physical Medicine and Rehabilitation Specialist: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: Pain Chapter - Office Visits.

Decision rationale: CA MTUS does not address this issue. 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 noted in a progress report dated 5/14/14 that a request for a second ESI made by [redacted] was denied. The primary treating physician is requesting a follow-up visit with [redacted] for follow-up. Guidelines support follow-up visits when the primary treating provider feels it is necessary. Therefore, the request for Follow Up Visit With Physical Medicine And Rehabilitation Specialist was medically necessary.