MAXIMUS Federal Services

Case Number:	CM14-0097191		
Date Assigned:	07/28/2014	Date of Injury:	09/25/2013
Decision Date:	09/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/25/2014

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:

The applicant is a represented [redacted] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 25, 2013.In a utilization review report dated June 11, 2014, the claims administrator denied a request for chiropractic manipulative therapy/physical therapy and acupuncture. The claims administrator stated that the applicant had had extensive physical therapy and manipulative therapy over the life of the claim and had failed to profit from the same. The claims administrator invoked both MTUS and non-MTUS ODG Guidelines to deny the request for acupuncture. The claims administrator stated that ODG's Acupuncture Guidelines stated that acupuncture was under a study for many of the body parts at issue. The claims administrator then stated, somewhat incongruously, that the applicant had had earlier acupuncture and had failed to respond favorably to the same. The claims administrator suggested that the applicant was off work, on total temporary disability, in its decision.The applicant's attorney subsequently appealed.In a May 12, 2014, handwritten acupuncture note, the applicant reported 5/10 pain. The note was sparse, handwritten, and difficult to follow. The applicant's work status was not clearly stated.In a handwritten request for authorization form dated April 3, 2014, twelve sessions of manipulative therapy and acupuncture were seemingly sought. The note, once again, was very difficult to follow.In a request for authorization form dated May 12, 2014, twelve sessions of manipulative therapy/physical therapy and acupuncture were again sought.In a handwritten progress note dated May 12, 2014, the applicant reported ongoing multifocal neck, mid back, and lower back pain. The applicant's work status was not furnished.In another progress note dated April 3, 2014, the applicant reported multifocal 7-9/10 rib, neck, and low back pain. The applicant was asked to pursue additional chiropractic manipulative therapy, physical therapy, and acupuncture while remaining off work, on total temporary disability. Unspecified medications were furnished.On April 7,

2014, the applicant was asked to obtain 18 sessions of physical therapy, chiropractic manipulative therapy, and acupuncture while remaining off work, on total temporary disability. A variety of topical compounded medications and oral suspensions were prescribed, including topical Terocin, topical ketoprofen, topical Cyclophene, Tabradol, Synapryn, and Fanatrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 3X4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Clearly, based on the progress notes cited above, this request does represent a renewal request for acupuncture. However, as noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20(f). In this case, however, the applicant is off work, on total temporary disability. The applicant remains highly reliant and highly dependent on numerous forms of medical treatment, including a variety of topical compounded agents. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite earlier acupuncture in unspecified amounts over the life of the claim. Therefore, the request is not medically necessary.

CHIROPRACTIC/PHYSIOTHERAPY 3X4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Topic Page(s): 59-60,8.

Decision rationale: While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant is off work, on total temporary disability, despite having completed extensive amounts of chiropractic manipulative therapy over the life of the claim.Similarly, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that demonstration of functional improvement is necessary at various milestones in the treatment program so as to justify continued treatment. In this case, the applicant has had prior unspecified amounts of physical therapy/physiotherapy over the life of the claim. Again, the fact that the applicant remains off work, on total temporary disability, coupled with the fact that the applicant remains highly reliant and highly dependent on numerous topical compounded medications, taken together, does suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite earlier unspecified amounts of treatment over the course of the claim. Therefore, the request is not medically necessary.