

Case Number:	CM14-0181840		
Date Assigned:	11/06/2014	Date of Injury:	07/31/2001
Decision Date:	02/03/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/03/2014

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, mid back, and low back pain reportedly associated with an industrial injury of July 31, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; 12 prior sessions of acupuncture in 2014, per the claims administrator; unspecified amounts of physical therapy; unspecified amounts of osteopathic manipulative therapy; and extensive periods of time off of work. In a utilization review report dated October 22, 2014, the claims administrator denied a request for 2 sessions of acupuncture and 1 session of osteopathic manipulative therapy. The claims administrator stated that the applicant had had 12 sessions of acupuncture in 2014 alone and further suggested that the applicant had failed to profit from earlier manipulative treatment. The applicant's attorney subsequently appealed. In a November 14, 2014, progress note, the applicant reported ongoing complaints of neck, mid back, upper back, and lower back pain. The applicant was obese, with a BMI of 33, it was acknowledged. The applicant received osteopathic manipulative therapy in the clinic and was placed off of work, on total temporary disability for 12 weeks. On September 25, 2014, the applicant again reported ongoing complaints of neck pain with associated stiffness without active radicular complaints. Additional acupuncture and osteopathic manipulative therapy were endorsed. The applicant was placed off of work, on total temporary disability. On June 6, 2014, the applicant again presented with persistent complaints of neck pain. The applicant's BMI was 33.6, it was acknowledged on this occasion. The applicant apparently received manipulative therapy in the clinic. Two sessions of acupuncture and 1 session of osteopathic manipulative therapy were sought while the applicant was placed off of work, on total temporary disability, for an additional 12 weeks. The attending provider alluded to the applicant as having had earlier medical-legal evaluations which suggested that the applicant continue both acupuncture and manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Sessions of Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The applicant has had extensive prior acupuncture over the course of the claim, including at least 12 prior sessions in 2014 alone. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d acknowledged that acupuncture treatment may be extended if there is evidence of functional improvement as defined in Section 9792.20(f), in this case, however, there is no such evidence of functional improvement as defined in Section 9792.20(f). The applicant remains off of work, on total temporary disability, suggesting a lack of functional improvement despite extensive prior acupuncture treatment to date. Therefore, the request for additional acupuncture is not medically necessary.

1 Session of Osteopathic Manipulative Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Manipulation Page(s): 58.

Decision rationale: While page 58 of the MTUS Chronic Pain Medical Treatment Guidelines does support 1 to 2 sessions of manipulative therapy in applicants who report recurrences and/or flare-ups of pain who have demonstrated treatment success with earlier manipulative therapy by achieving and/or maintaining successful return to work status, in this case, however, the applicant is off of work, on total temporary disability, suggesting that the earlier osteopathic manipulative therapy in unspecified amounts over the course of the claim was, in fact, unsuccessful. Therefore, the request for 1 additional session of osteopathic manipulative therapy is not medically necessary.