MAXIMUS Federal Services

Case Number:	CM14-0190929		
Date Assigned:	11/24/2014	Date of Injury:	07/08/2002
Decision Date:	01/09/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/17/2014

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:

Injured worker is a male with date of injury 7/8/2002. Per pain management follow up report dated 11/17/2014, the injured worker complains of low back and lower extremity pain, right greater than left side. He also has cramping. He notes that he is utilizing Norco 10/325 mg three times a day as needed for pain control and Flexeril 10 mg as needed for spasms. He reports his pain as 7/10 without medications, and with medications it goes down. On examination he has normal gait and no assistive devices are used for balance and ambulation. There is lumbosacral tenderness to palpation with myofascial tightness. Pain with lumbar extension and flexion is noted. He also has pain with lateral flexion bilaterally. Deep tendon reflexes are equal in bilateral lower extremities. Musculoskeletal strength is equal in bilateral lower extremities. Straight leg raising is positive bilaterally, right greater than left side. Diagnoses include 1) failed back pain syndrome 2) lumbosacral disc injury 3) lumbosacral radiculopathy 4) history of lumbosacral fusion in 2003 5) history of lumbosacral removal in 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown sessions of electro-acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain to improve function. The recommended time to produce functional improvement is 3 to 6 sessions at a frequency of 1 to 3 times per week over 1 to 2 months. Additional treatments may be necessary if there is documented functional improvement as a result to the trial of 3 to 6 sessions.The claims administrator agrees that acupuncture may be beneficial for the injured worker. The request was modified to approve 6 sessions to be consistent with the MTUS Guideline recommendations, since the request did not specify the number of sessions. This request does not specify the number of sessions desired, so medical necessity has not been established.The request for Unknown sessions of electro-acupuncture is determined to not be medically necessary.

One (1) initial evaluation for functional restoration program: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 49.

Decision rationale: The MTUS Guidelines recommend the use of functional restoration programs (FRPs) although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs are greared specificlly to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains.Clinical note dated 8/1/2014 clarifies that the request for functional restoration program is because the injured worker has chronic pain that has worsened. He is not a surgical candidate, and is motivated and interested to participate in the program. He has limited ability to push and pull, and difficulty with prolonged standing and walking. He can stand and walk between 30 and 60 minutes, and sit between 15 and 30 minutes. He has difficulty with climbing stairs, and reaching above his shoulder.This claims administrator reported that because the injured worker was able to walk without assistance that he did not seem disabled enough to need functional restoration program. After considering all the reports provided for review, it appears that the injured worker may be a good candidate for functional restoration program, and therefore medical necessity of this request has been established. The request for 1 initial evaluation for functional restoration program is determined to be medically necessary.