

Case Number:	CM14-0196907		
Date Assigned:	12/05/2014	Date of Injury:	06/07/2014
Decision Date:	01/21/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/24/2014

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 Family Practice 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 48 years old male patient who sustained an injury on 6/7/2014. He sustained the injury while lifting a box. The current diagnoses include cervical spine sprain, lumbar spine sprain, lumbar radiculitis, myospasms, and left shoulder sprain. Per the doctor's note dated 10/07/14, he had complaints of constant upper back pain that radiates to the back of his head with numbness sensation, on/off left shoulder pain with numbness and tingling sensation, on/off low back pain that radiates to the left side of his back and leg with mid back numbness and tingling to the back and leg; anxiety, depression and insomnia. Physical examination revealed cervical spine-tenderness to palpation with spasms of the sub occipitals and left upper trapezius muscle, cervical spine range of motion: flexion 29% of normal, extension 34% of normal, left lateral 29% of normal, right lateral 25% of normal, left rotation 59% of normal, right rotation 50% of normal; reflexes: C5-C7 equal and symmetrical and intact sensory dermatomes C5-T1; thoracolumbar spine: tenderness to palpation with spasms of the lumbar paraspinals and bilateral sacroiliac, lumbar spine range of motion: flexion 37% of normal, extension 23% of normal, left lateral 24% of normal, right lateral 19% of normal, lumbar spine muscle test: hip flexion negative 18% on the left, hip extension negative 17% on the left, positive straight leg raise at 45 degrees bilaterally, intact sensory dermatomes L 1-S1, reflexes: patellar L4 and Achilles S1 equal and symmetrical, strength: 2+/5; upper extremity: tenderness to palpation with spasms of the left upper trapezius muscles, tenderness to palpation of the left acromioclavicular joint, shoulder range of motion: left shoulder flexion 154% of normal, extension 39% of normal, abduction 53% of normal, adduction 53 % of normal; right shoulder flexion 176% of normal, extension 48% of normal, abduction 85% of normal, adduction 85% of normal; shoulder muscle test: shoulder flexion negative(-) 4% on the left, shoulder extension negative(-) 19% on the left; shoulder Abduction negative (-) 19% on the left, positive impingement and apprehension signs.

The medications list includes Fexmid, naproxen and creams. Prior diagnostic study reports were not specified in the records provided. Previous operative or procedure note related to the injury was not specified in the records provided. He has had physical therapy visits and acupuncture visits for this injury. He has had urine drug screen on 10/7/14 with negative results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supervised functional restoration program 2 x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: According to the CA MTUS chronic pain medical treatment guidelines chronic pain programs (functional restoration programs) are "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." In addition per the cited guidelines "Criteria for the general use of multidisciplinary pain management programs-Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met:(1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (6) Negative predictors of success above have been addressed." Evidence of failure of previous conservative treatment is not specified in the records provided. The pain evaluation of this patient (e.g. pain diary) is not well documented and submitted for review. Per the cited guidelines, "The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs... (4) High levels of psychosocial distress (higher pretreatment levels of depression, pain and disability)(7) duration of pre-referral disability time; (8) prevalence of opioid use;" He is having anxiety and depression. These are negative predictors of efficacy and completion of treatment. The medical necessity of supervised functional restoration program 2 x 6 weeks is not fully established for this patient.

Acupuncture for low back 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture medical treatment guidelines cited below state that "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. Per the cited guidelines "Acupuncture treatments may be extended if functional improvement is documented."The medical records provided do not specify any intolerance to pain medications. Patient has already had physical therapy visits acupuncture visits for this injury. There is no evidence of significant ongoing progressive objective functional improvement from the previous acupuncture visits that is documented in the records provided.The records submitted contain no accompanying current physical therapy/acupuncture evaluation for this patient. Response to previous conservative therapy including physical therapy/acupuncture visits is not specified in the records provided. The medical necessity of Acupuncture for low back 2 x 6 is not fully established for this patient.