

Case Number:	CM14-0040731		
Date Assigned:	06/27/2014	Date of Injury:	04/20/2011
Decision Date:	04/08/2015	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 38-year-old [REDACTED] beneficiary who has filed a claim for chronic neck and mid back pain reportedly associated with an industrial injury of April 20, 2011. In a Utilization Review Report dated March 5, 2014, the claims administrator failed to approve a request for acupuncture and a posture shirt. The claims administrator referenced an RFA form received on February 27, 2014 in its determination. A variety of MTUS and non-MTUS guidelines were invoked. The claims administrator referenced the 2007 MTUS Acupuncture Medical Treatment Guidelines in its determination and, furthermore, mislabeled the same as originating from the MTUS. The claims administrator also invoked the now-outdated, now-renumbered MTUS 9792.20e in its determination. The applicant's attorney subsequently appealed. On January 20, 2014, the applicant reported persistent complaints of low back pain. Permanent work restrictions were endorsed. The applicant was asked to try and lose weight. The applicant was apparently using Neurontin and Motrin for pain relief. It was suggested that the applicant use Neurontin, Motrin, and/or Percocet for pain relief. It was not clearly stated whether the applicant was or was not working with previously imposed permanent limitations in place. In a February 12, 2014 progress note, the applicant reported persistent complaints of neck and mid back pain, 7/10. A posture shirt of some kind was endorsed for posture training purposes. Acupuncture and work restrictions were endorsed. It was not stated whether the request was a first-time request for acupuncture or a renewal request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posture Shirt: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Michael Decker, PT, Kellie Gomas, PT, CSCS C Thomas Vangsness MD, AAOS, Prof. USC School of Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: No, the request for a posture shirt was not medically necessary, medically appropriate, or indicated here. The nature of the article in question was not clearly established. The request, however, appears to represent a request for a lumbar or thoracic support of some kind. However, the MTUS Guideline in ACOEM Chapter 12, page 301 notes that lumbar supports are not recommended outside of the acute phase of symptom relief. Here, however, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of the request, February 12, 2014, following an industrial injury of April 20, 2011. Introduction, selection, and/or ongoing usage of a posture shirt/lumbar support was thus, not indicated in this late stage in the course of the claim. Therefore, the request was not medically necessary.

Acupuncture 2 times a week for 6 weeks for the cervical and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Similarly, the request for 12 sessions of acupuncture was likewise not medically necessary, medically appropriate, or indicated here. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.a acknowledge that acupuncture can be employed for a wide variety of purposes, including in the chronic pain context present here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.1.c.1 to the effect that the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. The request for a 12-session course of acupuncture, thus, represents treatment at a rate two to four times MTUS parameters. Therefore, the request was not medically necessary.