

Case Number:	CM14-0098887		
Date Assigned:	07/28/2014	Date of Injury:	10/09/2013
Decision Date:	01/02/2015	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/27/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 37 year old male with an injury date of 10/09/13. Based on the 05/16/14 progress report provided by treating physician, the patient complains of neck, back, bilateral shoulder and bilateral elbow pain rated 6/10. Physical examination to the cervical spine revealed tenderness to palpation to the paravertebral and trapezius muscles. Examination to the thoracic and lumbar spines revealed tenderness to palpation to the paravertebral muscles. Positive straight leg raise test. Patient takes OTC Tylenol. Patient has had 14 chiropractic visits, and reports "being able to work and sleep better, easier to do exercise and decrease OTC Tylenol." Patient is continuing home exercise program. Progress report dated 08/07/14, the physician is requesting "acupuncture treatment for pain management to facilitate exercise, work and activities of daily living at 2 x 3 weeks initially and if improved continue at 2 x 3 weeks." Handwritten reports were difficult to read. Diagnosis as of 05/16/14 includes cervical spine, trapezius sprain/strain, bilateral shoulder, bilateral elbow, thoracic spine sprain/strain and lumbar spine sprain/strain. The utilization review determination being challenged is dated 06/10/14. Treatment reports were provided from 01/22/14 - 08/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

OS4 Stimulator Unit x 2months rental with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: Patient's diagnosis dated 05/16/14 included cervical, thoracic and lumbar spine strain/sprain. Per progress report dated 05/16/14, patient has had 14 chiropractic visits, and reports "being able to work and sleep better, easier to do exercise and decrease OTC Tylenol. MTUS (p118-120) states "Interferential Current Stimulation (ICS) Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine:- Pain is ineffectively controlled due to diminished effectiveness of medications; or- Pain is ineffectively controlled with medications due to side effects; or- History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.) The physician has not discussed reason for the request in the reports provided. The reports show the requested treatment is not intended as an isolated intervention as the patient is on home exercise program and takes OTC Tylenol. There is no evidence that pain is not effectively controlled due to the effectiveness of medication, substance abuse or pain due to postoperative conditions or unresponsiveness to conservative measures. Furthermore, MTUS allows 30 day home trial demonstrating pain and functional improvement, and the request is for 2 months. Recommendation is for denial.

Acupuncture 6 visits: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Acupuncture Guidelines Cited

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: Patient's diagnosis dated 05/16/14 included cervical, thoracic and lumbar spine strain/sprain. Patient is on home exercise program and takes OTC Tylenol. Patient has had 14 chiropractic visits, and reports "being able to work and sleep better, easier to do exercise and decrease OTC Tylenol. Acupuncture Medical Treatment Guidelines. MTUS page 13 states: "Time to produce functional improvement: 3 to 6 treatments, Frequency: 1 to 3 times per week and optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Progress report dated 08/07/14 states that the physician is requesting "acupuncture treatment for pain management to facilitate exercise, work and activities of daily living at 2 x 3 weeks initially and if improved continue at 2 x 3 weeks." When reading MTUS for acupuncture, prior response to therapy is not pre-requisite to a trial of acupuncture. MTUS allows for a trial of acupuncture up to 6 sessions and more if functional improvement is demonstrated. Review of medical records do not show that patient tried acupuncture in the past. Recommendation is for authorization.

Chiropractic 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: Patient's diagnosis dated 05/16/14 included cervical, thoracic and lumbar spine strain/sprain. Patient is on home exercise program and takes OTC Tylenol. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. Per progress report dated 05/16/14, patient has had 14 chiropractic visits, and reports "being able to work and sleep better, easier to do exercise and decrease OTC Tylenol." The physician has discussed functional improvement; however the request for 8 additional visits would exceed the total number of sessions allowed by MTUS. Furthermore, there is no indication of flare ups/recurrences for which based on guidelines, 1 to 2 visits every 4 to 6 months would be allowable. Recommendation is for denial.