MAXIMUS Federal Services

Case Number:	CM15-0139512		
Date Assigned:	07/29/2015	Date of Injury:	04/17/2015
Decision Date:	09/17/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/17/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 31 year old male who sustained an industrial injury on 4/17/15. He had complaints of low back pain. Diagnosed with a burst fracture at L2 with injury to nearby nerves. He required surgical intervention and outpatient rehabilitation. Further treatments include: medications, acupuncture, massage, physical therapy and chiropractic. Progress report dated 6/1/15 reports numbness/tingling/ body sensations are improving. The areas that had dead spots on his leg are having a tingling sensation now. He is overall making progress. The bottom of his left foot has not had sensation but is gaining some sensation. The burning pain is moving around and he is getting more feeling in his foot and toes which is helping him walk better. Diagnoses include: closed fracture lumbar vertebrae, neuropathy, paresthesia, muscle atrophy and post traumatic stress disorder. Plan of care includes: continue yoga, continue acupuncture, continue physical therapy and request chiropractic treatment 1-2 times per week 12 sessions and nutritionist 1-2 times per week 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and follow-up visits with a nutritionist, twelve sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Office visits and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for nutritionist consult and 12 follow-up visits, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring." The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. Within the documentation available for review, it is unclear if the patient has a weight or nutritional problem as there is no diagnosis of overweight or obesity. The documentation does not clearly describe the patient's attempts at diet modification and a history of failure of reasonable weight loss measures such as behavior modification, caloric restriction, and exercise within the patient's physical abilities. Furthermore, the request for 12 follow ups with a nutritionist is excessive. In light of the above issues, the currently requested consult to nutritionist and 12 follow up visit is not medically necessary.

Acupuncture for the lumbar, twelve sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions" and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, appears there has been at least 3 prior acupuncture sessions. But a comprehensive summary of the functional outcome of prior acupuncture was not identified. Given this, the currently requested acupuncture is not medically necessary.

Chiropractic for the lumber, twelve sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298 - 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Section Page(s): 58-60.

Decision rationale: Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. However, these guidelines specify for an initial trial of up to 6 visits. Only with evidence of objective functional improvement, can further session be supported. Therefore this request is excessive and not medically necessary.

Massage Therapy for the lumber, twelve sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: Regarding the request for massage therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, there is no indication as to the number of massage therapy visits the patient has previously undergone. There is mention of improvement immediately after massage therapy in terms of pain and walking. However, there is no documentation of ongoing objective functional improvement from the therapy sessions already authorized. Additionally, it is unclear exactly what objective treatment goals are hoping to be addressed with the currently requested massage therapy. In the absence of clarity regarding those issues, the currently requested massage therapy is not medically necessary.