

Case Number:	CM15-0144553		
Date Assigned:	08/05/2015	Date of Injury:	02/11/2002
Decision Date:	09/02/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/27/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 59 year old man sustained an industrial injury on 2-11-2002. The mechanism of injury is not detailed. Diagnoses include cervical spine sprain-strain with radicular complaints, bilateral shoulder rotator cuff tendinitis-bursitis, right wrist carpal tunnel syndrome, status post lumbar spine surgery, and lumbar spine discopathy. Treatment has included oral medications and back brace. Physician notes dated 6-19-2015 show complaints of severe low back pain with radiculopathy, right shoulder pain and stiffness, and constant headaches. Documentation supports a right shoulder injection was administered during this visit. Recommendations include acupuncture, neurology consultation, lumbar support, home health care, Voltaren gel, and Nexium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks bilateral shoulders, cervical spine, lumbar spine:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California chronic pain medical treatment guidelines section on acupuncture states: 1) "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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Frequency and duration of acupuncture with electrical stimulation may be performed as follows: 1 Time to produce functional improvement 3-6 treatments. 2. Frequency: 1-3 times per week. 3. Optimum duration is 1-2 months. 4. Treatments may be extended if functional improvement is documented. The request for acupuncture is for a total of 8 sessions. This is in excess of the recommendations. The patient must demonstrate functional improvement in 3-6 treatments for more sessions to be certified. Therefore, the request is in excess of the recommended initial treatment sessions and not medically necessary.

Home Health aid 6 hours/day (no duration specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home health Page(s): 51.

Decision rationale: The California MTUS section on home health states: Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004) The provided medical records do not indicate the patient is home bound and the request is in excess of the maximum 35 hours per week. Therefore, the request is not medically necessary.

Neurologist consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines 2nd Edition (2004) Chapter 7) page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing complaints of headaches that have failed treatment by the primary physician. Therefore, referral to neurology is medically necessary.