

Case Number:	CM15-0168274		
Date Assigned:	09/09/2015	Date of Injury:	10/27/2014
Decision Date:	10/14/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/26/2015

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: 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 [REDACTED] beneficiary who has filed a claim for neck, low back, mid back, and shoulder pain reportedly associated with an industrial injury of October 27, 2014. In a Utilization Review report dated July 22, 2015, the claims administrator failed to approve a request for six sessions of acupuncture. The claims administrator cited a July 13, 2015 progress note in its determination. The claims administrator stated that it was "unclear" how much prior acupuncture the applicant had had through the date of the request. The applicant's attorney subsequently appealed. On July 13, 2015, the applicant was placed off of work, on total temporary disability. Six sessions of acupuncture, six sessions of physical therapy, and a medication management consultation were endorsed. Multifocal complaints of neck, shoulder, mid back, and low back pain were reported. On June 4, 2015, the applicant reported ongoing complaints of neck and low back pain. Xanax and a topical compounded agent were endorsed. On May 18, 2015, six sessions of acupuncture, six sessions of physical therapy, and an Internal Medicine consultation were endorsed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 sessions for the cervical/thoracic/lumbar spine and right shoulder 1x6:
Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: No, the request for six sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledged that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20e, here, however, the applicant was off of work, it was reported on July 13, 2015, after having received at least six prior sessions of acupuncture ordered via an earlier office visit dated May 18, 2015. The applicant remained dependent on benzodiazepine agent such as Xanax and topical compounded agents, it was reported on June 4, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of unspecified amounts of acupuncture over the course of the claim. Therefore, the request for additional acupuncture was not medically necessary.

Range and motion test 1x per a month per doctors visit for the cervical/thoracic/ lumbar spine and right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Physical Examination, and Shoulder Complaints 2004, Section(s): Physical Examination, and Low Back Complaints 2004, Section(s): Physical Examination.

Decision rationale: Similarly, the request for range of motion testing once a month for the cervical spine, thoracic spine, and lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. As noted in MTUS Guideline in ACOEM Chapter 12, page 293, range of motion measurements of the low back, one of the body parts at issue, are of "limited value." The MTUS Guideline in ACOEM Chapter 8, page 170 likewise notes that range of motion measurements of the neck and upper back are of equally "limited value" owing to marked variation amongst applicants with and without neck and/or upper back symptoms. The MTUS Guideline in ACOEM Chapter 9, page 200 further notes that the range of motion of shoulders should be determined actively and passively. The MTUS Guideline in ACOEM Chapter 9, page 200 does not, thus, espouse the formal range of motion testing at issue here, noting that this is an article which should be measured actively and passively. The attending provider failed to furnish a clear or compelling rationale for pursuit of the range of motion testing at issue in the face of the unfavorable MTUS position(s) on the same set forth in ACOEM Chapter 9, page 200, ACOEM Chapter 8, page 170, and ACOEM Chapter 12, page 293. Therefore, the request was not medically necessary.

