

Case Number:	CM15-0193540		
Date Assigned:	10/07/2015	Date of Injury:	03/13/2015
Decision Date:	11/20/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/01/2015

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: 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:

The injured worker is a 39-year-old male who sustained an industrial injury on 3-13-2015. Diagnoses have included disc bulge at L4-5 diagnosed through an MRI dated 5-18-2015; lumbar spine sprain or strain; lumbar spine radiculopathy; and, myospasm. Electromyography and nerve conduction velocity studies were performed 7-31-2015 and interpreted as "normal." Documented treatment includes ice, activity modification, 12 sessions of physical therapy and acupuncture helping to "decrease pain temporarily and perform more activities of daily living," and medication including Ibuprofen and Omeprazole. The 8-24-2015 physician's note states that the injured worker complained of low back pain rated 5 out of 10 which radiated down both lower extremities to his feet. He characterized the pain as "sharp, achy, and stabbing." Walking and bending made the pain worse. He also reported symptoms related to anxiety, depression and insomnia. He has not seen a psychologist. The treating physician's plan of care includes participation in a supervised functional restoration program twice a week for six weeks, and 12 additional acupuncture treatments. Both were denied on 9-9-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supervised functional restoration program 2 times per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

Decision rationale: According to the MTUS guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case, the medical records do not establish that the injured worker has met the criteria required for initiating a functional restoration program. The medical records note that additional treatment and specialty evaluations are being requested which would indicate the injured worker has not completed lower level care. The request for supervised functional restoration program 2 times per week for 6 weeks is not medically necessary or appropriate.

Acupuncture for lumbar spine 2 times 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation ACOEM Pain, Suffering and the Restoration of function page 114.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS acupuncture medical treatment guidelines state that 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. The guidelines state that acupuncture treatments may be extended if functional improvement is documented. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit. In this case, the medical records note that the injured worker has undergone prior acupuncture treatments and in the absence of objective functional improvement the request for additional treatment is not supported. The request for Acupuncture for lumbar spine 2 times 6 is not medically necessary or appropriate.