

Case Number:	CM15-0194734		
Date Assigned:	10/08/2015	Date of Injury:	03/09/2012
Decision Date:	12/31/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/05/2015

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: New Jersey

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 is a 55 year old male who sustained a work-related injury on 3-9-12. Medical record documentation on 8-25-15 revealed the injured worker was being treated for cervical sprain-strain, cervical disc degeneration and cervical disc displacement. He reported constant neck pain with radiation of pain to the upper mid back. He had associated tingling sensation. He rated his pain a 6 on a 10-point scale and noted the pain was aggravated by repetitive head motions, flexion and extension. Objective findings included no spasm or tenderness of the cervical spine. He had decreased cervical range of motion and his deep tendon reflexes were 2-2. His motor strength was 5- to 5 and his grip strength was positive. Previous treatment included medications, physical therapy and injections all which provided a temporary benefit. His medications included Mobic, oxycodone, Motrin, Gabapentin and Tylenol with codeine. His treatment plan included exercise, acupuncture two times a week for three weeks and functional restoration program treatment for six weeks. A request for E-acupuncture with infrared heat and myofascial release two times a week for three weeks for the cervical spine and functional restoration program for six weeks for the neck evaluation was received on 9-1-15. On 9-3-15, the Utilization Review physician determined E-acupuncture with infrared heat and myofascial release two times a week for three weeks for the cervical spine and functional restoration program for six weeks for the neck evaluation was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

E- acupuncture with infrared heat and myofascial release 2x3 for the cervical: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker, it is not clear if acupuncture was tried prior to this request as this is not documented. However, assuming it is the first time, combining infrared heat and myofascial release to this request seems unnecessary, although not contraindicated at the same time. These passive modalities would only be warranted if ongoing home exercises were performed, which were requested by the provider at the same time. So, assuming this all takes place, this request would be warranted and medically necessary.

Functional restoration program for 6 weeks for the neck evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

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

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that functional restoration programs (FRPs) are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive. Treatment in one of these programs is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The criteria for general use of multidisciplinary pain management programs such as FRPs include: 1. An adequate and thorough functional evaluation as a baseline, 2. Previous methods of treating chronic pain unsuccessful, 3. Significant loss of ability to function independently from the chronic pain, 4. Not a candidate for surgery or other warranted treatments (if a goal of treatment is to prevent controversial or optional surgery, a trial of 10 visits may be implemented), 5. Exhibits motivation to change, including willingness to forgo secondary gains, 6. No negative predictors of success (negative relationship with the employer/supervisor, poor work

adjustment/satisfaction, negative outlook about future employment, high levels of psychosocial distress, involvement in financial disability disputes, smoking, duration of pre-referral disability time, prevalence of opioid use, and pre-treatment levels of pain). Total treatment duration should generally not exceed 20 full day sessions (or the equivalent). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved and requires individualized care plans and should be based on chronicity of disability and other known risk factors for loss of function. In the case of this worker, treatment modalities were recommended (acupuncture) to this worker at the time of this request for a functional restoration program. It would be more appropriate to wait until this trial is completed as well as any other treatment methods tried before consideration of attending a program as such. Also, the request was for 6 weeks, and only up to two initial weeks are recommended to be completed before consideration of an extension based on benefit. Therefore, this request for a functional restoration program (6 weeks) will be considered medically unnecessary at this time.