

Case Number:	CM15-0201444		
Date Assigned:	10/16/2015	Date of Injury:	05/11/2007
Decision Date:	11/25/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/13/2015

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: Emergency 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 injured worker is a 59 year old male, who sustained an industrial injury on 5-11-07. The injured worker is diagnosed with chronic neck and low back pain. The injured worker is not currently working. A note dated 9-21-15 reveals the injured worker presented with complaints of neck and back pain. A physical examination dated 9-21-15 revealed mild distress and limited cervical and lumbar range of motion. Of note, the injured worker underwent a liver transplant and is unable to take narcotic pain medication. Treatment to date has included acupuncture, which is providing relief for 2-3 days and reduces his pain from 9 out of 10 to 6 out of 10 and allows him to stand, walk and sit for prolonged periods of time per notes dated 9-17-15 and 9-21-15, medications reduce his pain to 3-4 out of 10 per note dated 9-21-15, post C6-C7 fusion and traction. Diagnostic studies include cervical and lumbar spine MRIs and lumbar x-rays. A request for authorization dated 9-28-15 for 12 additional acupuncture sessions and inversion traction table is denied, per Utilization Review letter dated 10-5-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture sessions Qty: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The requested Additional acupuncture sessions Qty: 12, is not medically necessary. CA MTUS Acupuncture Guidelines recommend that in general acupuncture "may be used as an adjunct to physical rehabilitation." The injured worker has neck and back pain. A physical examination dated 9-21-15 revealed mild distress and limited cervical and lumbar range of motion. Of note, the injured worker underwent a liver transplant and is unable to take narcotic pain medication. Treatment to date has included acupuncture, which is providing relief for 2-3 days and reduces his pain from 9 out of 10 to 6 out of 10 and allows him to stand, walk and sit for prolonged periods of time per notes dated 9-17-15 and 9-21-15, medications reduce his pain to 3-4 out of 10 per note dated 9-21-15, post C6-C7 fusion and traction. The treating physician has not documented the medical necessity for additional acupuncture sessions beyond guideline recommended 4 to 6 sessions. The criteria noted above not having been met, Additional acupuncture sessions Qty: 12 is not medically necessary.

Inversion traction table Qty: 1: 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).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: The requested Inversion traction table Qty :1, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, Physical methods, Page 300, does not recommend lumbar traction for low back pain. The injured worker has neck and back pain. A physical examination dated 9-21-15 revealed mild distress and limited cervical and lumbar range of motion. Of note, the injured worker underwent a liver transplant and is unable to take narcotic pain medication. Treatment to date has included acupuncture, which is providing relief for 2-3 days and reduces his pain from 9 out of 10 to 6 out of 10 and allows him to stand, walk and sit for prolonged periods of time per notes dated 9-17-15 and 9-21-15, medications reduce his pain to 3-4 out of 10 per note dated 9-21-15, post C6-C7 fusion and traction. The treating physician has not documented the medical necessity for lumbar tractions as an outlier to referenced guideline negative recommendations, nor documentation of functional improvement from lumbar traction under the supervision of a licensed physical therapist. The criteria noted above not having been met, Inversion traction table Qty: 1 is not medically necessary.