

Case Number:	CM15-0202604		
Date Assigned:	10/19/2015	Date of Injury:	10/15/2014
Decision Date:	11/30/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/14/2015

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: Arizona, 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:

This injured worker is a 44 year old female, who sustained an industrial injury on 10-15-2014. The injured worker was diagnosed as having cervical spine sprain-strain. On medical records dated 08-21-2015 and 09-25-2015, the subjective complaints were noted as upper back pain and bilateral hand pain, low back pain, bilateral feet pain, and sleeps disorder due to pain. Pain was rated an 8 out of 10. Objective findings were noted as cervical spine tenderness to palpation with spasms of upper trapezius muscles spine was noted to have tenderness to palpation with spasms of the lumbar paraspinals. Tenderness to palpation of bilateral sacroiliac as well. Tenderness to palpation of the bilateral wrist joint and bilateral thenar eminences was noted. Treatments to date included medication. The injured worker was noted to be total temporary disability. Current medications were listed as Ibuprofen. The Utilization Review (UR) was dated 10-07-2015. A Request for Authorization was dated 09-25-2015. The UR submitted for this medical review indicated that the request for acupuncture treatment 2 times a week for 6 weeks for the cervical spine, functional restoration program 2 times a week for 5 weeks, and range of motion and muscle testing (computerized tracker ROM) for the cervical spine was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment 2 times a week for 6 weeks for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: "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. Time to produce functional improvement: 3 to 6 treatments. In this case, the request for 12 sessions exceeds the guidelines amount to determine functional improvement. Although, the treatment may be beneficial, the request for 12 sessions of acupuncture is not medically necessary.

Functional restoration program 2 times a week for 5 weeks: 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): Functional restoration programs (FRPs).

Decision rationale: According to the 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 notes do not substantiate the claimant's desire to return to work or motivation to change. On August 3, 20-15, there was mention of no work limitations and the claimant did not have any other significant symptoms or neurological findings. However, recent progress notes indicated temporary disability. The request for the trial of 10 sessions at functional restoration program is not justified and not medically necessary.

Range of motion and muscle testing (computerized tracker ROM) for the cervical spine:
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), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter and pg 28.

Decision rationale: According to the guidelines, the relation between back range of motion measures and functional ability is weak or nonexistent. The guidelines do not recommend flexibility or computerized range of motion testing. The claimant had numerous exam visits for which there was there was an assessment of range of motion. The request for a computerized range of motion testing is not medically necessary.