

Case Number:	CM15-0047743		
Date Assigned:	03/19/2015	Date of Injury:	03/21/2014
Decision Date:	04/24/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/13/2015

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: 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 injured worker is a 41 year old male who sustained a work related injury on March 21, 2014, incurring neck and back injuries after a motor vehicle accident. He was diagnosed with a cervical, thoracic and lumbar sprain. Diagnostic imaging included Magnetic Resonance Imaging (MRI) and X rays. Treatments included physical therapy, muscle relaxants and pain medications. Currently, in February, 2015, the injured worker's physician reports recurrent neck pain, shoulder and low back pain. He was diagnosed with cervical sprain with a disc protrusion and radiculopathy and a lumbar sprain with a herniated disc and radiculopathy. The treatment plan that was requested for authorization included physical therapy, acupuncture and X Force Solar Care Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2X6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: MTUS Guidelines support up to 8-10 total sessions of physical therapy as adequate for most chronic painful conditions. It is documented that 12 sessions were previously ordered and it is documented that these had not been completed before this additional request for another 12 sessions. There is no evidence of improvement due to the therapy completed. Under these circumstances, the additional request for physical therapy 2X's 6 is not supported by Guidelines and is not medically necessary.

ACUPUNCTURE 2X6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Guidelines are very specific in stating that up to 6 sessions of acupuncture need to be trialed and proven effective before any additional sessions are appropriate. This request for a full 12 sessions without a trial period vastly exceeds what is Guideline recommended under these circumstances. The request for 12 sessions of acupuncture is not supported by Guidelines and is not medically necessary.

X FORCE SOLAR CARE UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: Due to the questionable benefits from TENS units, MTUS Guidelines have very specific criteria to justify long term use. This particular unit is not supported by Guidelines for several reasons: Guidelines do not support combination units which this one is reported to be. Guidelines recommend a 30 day trial with written evidence of time of use, length of use, quantified pain relief and functional improvements, none of which are documented. Guidelines do not recommend the use of specific body sleeves for local coverage and this unit was dispensed with a shoulder sleeve. Under these circumstances the Xforce Solar Care Unit is not supported by Guidelines and is not medically necessary.