MAXIMUS Federal Services

Case Number:	CM15-0050602		
Date Assigned:	03/24/2015	Date of Injury:	07/23/2012
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/17/2015

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 37 year old female, who sustained an industrial injury on 7/23/12. The medical record review did not find the reported initial complaints in the medical documentation submitted. The injured worker was diagnosed as having lumbago, lumbosacral radiculitis, cervicalgia and thoracic spine pain. Treatment to date has included medications, acupuncture, physical therapy, home exercise program and epidural steroid injection (no report or date). In the PR-2 dated 3/16/15, the injured worker complained of low back pain, neck pain and upper back pain. The note indicated the injured worker had a flare-up after an epidural steroid injection in early March 2015. It further documented using less pain medications and improved function due to acupuncture. A new mattress has also been helpful. Examination showed muscle spasm, restricted motion and tenderness in the bilateral L3-5, S1-2 areas. The provider is requesting a re-examination and acupuncture, infrared therapy x8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-exam 1 x 4 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work

Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Pain (Chronic) (updated 02/23/2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89,Chronic Pain Treatment Guidelines Post-Surgical Patient Management Page(s): Part 1, page 11.

Decision rationale: The MTUS guidance for directing re-evaluation relates to general principles of patient care. Stepping back from what is presently being done to re-assess the therapeutic effect of the present treatment is recommended. In fact, it is probably the standard of care in most medical communities. This is especially important in managing the patient who is post-surgical or who has delayed recovery and to document the patient's current state of function. However, the provider managing the case must be sure that studies recommended by this re-evaluation are clinically indicated. This patient has been provided care for over a year and still has significant symptomatology, thus this request for a re-evaluation is medically necessary.

Acupuncture, acux 15 mins, infrared therapy, limited exam 2 times a week for 4 weeks (additional 8 acupuncture sessions): Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture is a technique to control and improve pain in patients with acute and chronic pain. It is thought to allow or cause endorphin release that subsequently causes pain relief, reduction of inflammation, analgesia, increased blood circulation and muscle relaxation. The MTUS guidelines for initial use of this treatment are 3-6 treatments up to 3 times per week, optimally for 1-2 months. It makes sense to first ensure its effectiveness before committing to a longer term of therapy. A 2-week trial is most commonly accepted for this purpose. It should be remembered that continued use of this therapeutic modality requires documentation of functional improvement from this therapy. [Note: functional improvement is defined by the MTUS as "clinically significant improvement in activities of daily living or a reduction in work restrictions."] This patient has been receiving regular acupuncture for over 5 months. The provider has documented ongoing improvement in function, return to work and decreased use of pain medications with this therapy. Continued use of this therapeutic modality is presently indicated. Medical necessity has been established.