

Case Number:	CM15-0052366		
Date Assigned:	03/25/2015	Date of Injury:	09/01/2011
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/19/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 36 year old female, who sustained an industrial injury on September 1, 2011. She reported being laid off work reporting her injuries to Human Resources and offered medical care. The injured worker was diagnosed as having overuse syndrome, headaches, cervical strain, lumbar strain, multilevel stenosis of the lumbar spine with 3mm disc protrusions, bilateral shoulder pain and strains, bilateral knee pain, anxiety/stress, depression, chronic pain multiple areas, and status post carpal tunnel release and ganglion cyst removal. Treatment to date has included acupuncture, home exercise program (HEP), electrodiagnostic studies, left wrist MRI, and medication. Currently, the injured worker complains of constant low back pain and stiffness radiating to the legs to the knees with pain, numbness, tingling, and weakness, constant neck pain and stiffness with pain radiating to the middle back, bilateral shoulder pain and stiffness, bilateral knee intermittent pain and popping, bilateral wrist pain, left greater than right with left wrist pain radiating to hand and forearm with the digits with numbness and tingling, and anxiety, stress, and depression. The Primary Treating Physician's report dated February 25, 2015, noted the cervical range of motion (ROM) decreased and painful, with tender cervical paraspinals and tender trapezial muscles. The lumbar spine range of motion (ROM) was noted to be decreased and painful as were the bilateral shoulders and bilateral knees range of motion (ROM) noted as decreased and painful. The treatment plan was noted to include continued acupuncture, a request for a psych eval secondary to worsening anxiety/sadness/depression, follow up with neurologist for migraines, follow up with pain management, follow up with hand specialist, and a 4-6 week follow up with the Primary Treating Physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, acupuncture.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture two sessions per week times six weeks is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are overuse syndrome; headaches; cervical strain; lumbar strain; multiple level stenosis lumbar spine with 3 mm disc protrusions; bilateral shoulder pain strains; bilateral knee pain; anxiety/stress; depression; chronic pain; and status post left carpal tunnel release and ganglion cyst removal. The documentation the medical record indicates the injured worker received prior acupuncture treatment. The documentation does not contain evidence of objective functional improvement with improvement in activities of daily living. The guidelines allow an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of 8 to 12 visits over 4 to 6 weeks may be indicated. As noted, according to a February 25, 2015 progress note, there is no documentation of objective functional improvement, therefore additional acupuncture is not clinically indicated. Notably, the total number of acupuncture sessions to date is not documented in the medical record. Consequently, absent clinical documentation with objective functional improvement, acupuncture two sessions per week times six weeks is not medically necessary.

Range of motion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMA Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Range of motion.

Decision rationale: Pursuant to the Official Disability Guidelines, one prospective range of motion is not medically necessary. Computerized range of motion (flexibility) is not recommended as a primary criterion, but should be part of a routine musculoskeletal evaluation.

The relation between lumbar range of motion measures and functional abilities were nonexistent. This has implications for clinical practice as it relates to disability determinations for patients with chronic low back pain. In this case, the injured worker's working diagnoses are overuse syndrome; headaches; cervical strain; lumbar strain; multiple level stenosis lumbar spine with 3 mm disc protrusions; bilateral shoulder pain strains; bilateral knee pain; anxiety/stress; depression; chronic pain; and status post left carpal tunnel release and ganglion cyst removal. The documentation in the physical examination section of the February 25, 2015 progress note contains a range of motion measurements relating to the shoulder, left wrist, left knee, right knee, lumbar region and cervical region. There is no clinical indication or rationale in the medical record as to why computerized range of motion should be conducted separate and apart from a routine musculoskeletal evaluation. Consequently, absent compelling clinical documentation with a clinical indication and rationale for (computerized) range of motion testing separate and distinct from a routine musculoskeletal examination, one perspective range of motion testing is not medically necessary.