

Case Number:	CM15-0056826		
Date Assigned:	04/01/2015	Date of Injury:	11/25/2008
Decision Date:	05/07/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/25/2015

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: Physical Medicine & Rehabilitation

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 50 year old male, who sustained an industrial injury on 11/25/2008. The medical records submitted for this review did not include details of the initial injury or the prior treatments to date. Diagnoses include chronic right foot pain, chronic pain syndrome, and degenerative lumbar disc disease. Currently, they complained right foot and low back pain rated 7-9/10 VAS. On 2/18/15, the physical examination documented marked tenderness and hypersensitivity over the left lower extremity. He was using two crutches to walk. The plan of care included six acupuncture sessions to treat the right side of the body and a urology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 6 sessions, Right lower limb: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: Based on the 02/18/15 progress report provided by treating physician, the patient presents with right foot and low back pain rated 7-9/10. Patient ambulates with crutches and is transitioning from a cast boot to regular shoes. The request is for ACUPUNCTURE, 6 SESSIONS, RIGHT LOWER LIMB. Patient's diagnosis per Request for Authorization form dated 02/23/15 includes lumbar degenerative disc disease, right lower limb reflex sympathetic dystrophy, chronic pain syndrome, and extremity pain. Patient's medications include Norco, Ibuprofen and Neurontin. Patient is MMI, maximum medical improvement, per treater report dated 02/18/15. Chronic Pain Medical Treatment Guidelines, page 13 for acupuncture states: "See Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section." This section addresses the use of acupuncture for chronic pain in the workers' compensation system in California. The MTUS/Acupuncture Medical Treatment Guidelines (Effective 7/18/09) state that there should be some evidence of functional improvement within the first 3-6 treatments. The guidelines state if there is functional improvement, then the treatment can be extended. UR letter dated 03/13/15 modified the request to certify 3 sessions. Per progress report dated 02/18/15, treater states, "I am ordering six sessions of acupuncture in an attempt to decrease some of his pain on the entire right side of his body. He has not had any treatment in a while." Per appeal letter dated 03/18/15, treater states patient's "last 6 sessions of acupuncture were completed on 2013 with excellent improvements." The current request for six sessions of acupuncture appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

Home Health, 4-6 hours weekly for 1 year: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home service Page(s): 51.

Decision rationale: Based on the 02/18/15 progress report provided by treating physician, the patient presents with right foot and low back pain rated 7-9/10. The request is for HOME HEALTH, 4-6 HOURS WEEKLY FOR 1 YEAR. Patient's diagnosis per Request for Authorization form dated 02/23/15 includes lumbar degenerative disc disease, right lower limb reflex sympathetic dystrophy, chronic pain syndrome, and extremity pain. Patient's medications include Norco, Ibuprofen and Neurontin. Patient is MMI, maximum medical improvement, per treater report dated 02/18/15. MTUS Guidelines page 51 has the following regarding home service, "Recommended only for otherwise recommended medical treatments for patients who are home-bound or a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include home maker services like shopping, cleaning, and laundry and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." Per progress report dated 02/18/15, treater states "patient has had some health care in the past. He states that he is unable to clean the house or do shopping." In regards to the request for weekly home health, guidelines do not support the issuance of a home aide solely for the purpose housekeeping. Treater states that patient ambulates with crutches and is transitioning from a cast boot to regular shoes; it does not appear

the patient is homebound. Furthermore, MTUS does not consider homemaker services medical treatments. Therefore, the request IS NOT medically necessary.