MAXIMUS Federal Services

Case Number:	CM14-0149378		
Date Assigned:	10/23/2014	Date of Injury:	08/30/2010
Decision Date:	11/20/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Occupational and Environmental Medicine; has a subspecialty in Public Health and is licensed to practice in West Virginia and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Individual is a 41 year old male with an 8/30/10 date of industrial injury involving his neck and lower back. Pertinent diagnosis include; cervical spine disc disease with radiculopathy and lumbar spine disease with radiculopathy, lumbar spine facet syndrome and chronic pain. History of post-traumatic stress disorder (car accident), bipolar affective disorder, sexual dysfunction, sleeplessness, and gastropathy, as well. On May 2, 2014 the individual complained of 9/10 neck pain and 8/10 lower back pain. Pain was unchanged with sharp pain in his neck that radiated to the bilateral shoulders. He had numbness in his fingers, toes, and a radiating pain in his left leg (subjective). Exam showed decreased normal lordosis in cervical spine, tenderness over paraspinal muscles in the neck and back, axial head compression and Spurling sign were positive bilaterally, and decreased sensation along the C5-7 dermatomes. Range of motion was limited in the cervical and lumbar spine. Facet tenderness L4-S1, Kemp's and straight leg tests were positive bilaterally, Farfan test was also positive (objective). He takes Norco 10/325 for pain 3 per day and has utilized chiropractic manipulation since at least January 2014. Physical therapy nor any other type of exercise program was noted in the chart. Utilization Review 8/18/14 was non-certified for Acupuncture (x8) and range of motion testing (Retro).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (x8): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Neck and Upper Back (Acute and Chronic), Low Back-Lumbar &Thoracic (Acute and Chronic), Acupuncture

Decision rationale: MTUS "Acupuncture Medical Treatment Guidelines" clearly state that "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." The medical documents did not provide detail regarding patient's increase or decrease in pain medication. Further, there was no evidence to support that this treatment would be utilized as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. ODG does not recommend acupuncture for acute low back pain, but "may want to consider a trial of acupuncture for acute LBP if it would facilitate participation in active rehab efforts." The initial trial should be "3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)" There is no evidence provided that indicates the patient received acupuncture before or that the acupuncture sessions are being used as an adjunct to physical rehabilitation or surgical intervention. There has been no recent surgery or any mention of a physical therapy or home exercise trial for pain control. As such, the request for Acupuncture (x8) is not medically necessary.

Retro: range of motion testing: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33,Chronic Pain Treatment Guidelines Functional Improvement measures Page(s): 48. Decision based on Non-MTUS Citation (ODG) Low Back, Range of Motion- Flexibility

Decision rationale: In the ACOEM states, "The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected." ODG states regarding Range of Motion, "Not recommended as primary criteria, but should be a part of a routine musculoskeletal evaluation." The MTUS states" Physical Impairments (e.g., joint ROM, muscle flexibility, strength, or endurance deficits): Include objective measures of clinical exam findings. ROM should be in documented in degrees". The injured worker has neck and back pain. The documentation provided shows on 7/17/14 his chiropractor measured his cervical spine ROM: flexion 45/50, extension 50/60, rotation 50/80, (L) Rotation 50/80, lateral flexion 40/45, and (L) lateral flexion 40/45. Lumbar spine ROM: Flexion 40/60, extension 10/25, lateral flexion 15/25, and (L) lateral flexion 15/25. The rationale for wanting an additional stand-alone test is not discussed. In this instance, a "Focused regional examination" per ACOEM is not warranted. Retro range of motion testing is not medically necessary.