

<b>Case Number:</b>	CM14-0085825		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/02/2013
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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:

The injured worker is a 38 year-old male with a date of injury of July 2, 2013. The patient's industrially related diagnoses include lumbar strain/sprain and thoracic strain/sprain, lumbar herniated nucleus pulposus (HNP) with radiculopathy and thoracic HNP. The injured worker had chiropractic treatment and physical therapy without benefit. The disputed issues are a request for acupuncture 2x4 Thoracic/Lumbar and a request for pain management consult with a specific doctor that was named in the progress report. A utilization review determination on 6/2/2014 had modified these requests to 6 sessions of Acupuncture and Pain Management Consult only. The stated rationale for the modification of acupuncture was that guidelines recommend a trial of acupuncture to be used in conjunction with other modalities. The request was modified to 6 sessions, but with documentation of objection functional benefit, additional sessions could then be requested. The stated rationale for the modification of the request for pain management consultation was that the injured worker failed physical therapy, chiropractic therapy, and desired to avoid surgery. The request was modified to a pain management consultation only "as it is beyond the scope of this reviewer to recommend one provider over another."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x4 Thoracic/Lumbar:** 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 Official Disability Guidelines (ODG) Chronic Pain Chapter, Acupuncture

**Decision rationale:** In regards to the request for acupuncture 2x4 to the thoracic and lumbar spine, the California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. In the progress report available for review, the treating physician documented that physical therapy and chiropractic therapy were not beneficial and requested acupuncture alongside home exercise and stretching. Therefore a trial of up to 6 sessions of acupuncture is recommended in the case of this injured worker. However, the current request exceeds the 6 visit trial recommended by guidelines. Unfortunately, there is no provision to modify the current request. Therefore, based on the guidelines, the request for acupuncture 2x4 Thoracic/Lumbar is not medically necessary.

**Pain management Consult:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Independent Medical Examinations and Consultations Chapter, Page 127

**Decision rationale:** In regards to the request for referral to pain management for consultation, the California MTUS does not address this issue. The American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines support consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In the progress report available for review, the treating physician documented that the injured worker failed chiropractic therapy and physical therapy and wanted to avoid surgery. Therefore the treating physician request a pain management consult with a specific doctor for medication monitoring and for interventional pain management. Specialty consultation with pain management is supported in the case of this injured worker and the utilization review determination did recommend modification of the request to pain management consultation only, but not with the specific doctor requested. The utilization reviewer stated: "it is beyond the scope of this reviewer to recommend one provider over another". Based on the guidelines, a pain management consultation is supported but in agreement with the UR decision, the purpose of the IMR is not to decide medical necessity of a specific practitioner, but to determine whether the request for the consultation to the specific specialty is supported by the guidelines. The issue of whether an injured worker can be seen by a specific pain doctor would depend on whether that physician is on an insurance carrier's MPN.

Therefore, the request for pain management consult is medically necessary, but the medical necessity cannot be determined for Pain Management Consult with a specific doctor.