

Case Number:	CM14-0212560		
Date Assigned:	12/29/2014	Date of Injury:	07/09/2008
Decision Date:	02/19/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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 & Rehabn

CLINICAL CASE SUMMARY

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

According to the records made available for review, this is a 36-year-old female with a 7/9/08 date of injury. At the time (11/5/14) of request for authorization for Functional Restoration Program x10 days 2 weeks and Acupuncture x20 sessions, there is documentation of subjective (severe low back and leg pain) and objective (decreased lumbosacral range of motion, positive straight leg raising test, and 5/5 muscle strength testing) findings, current diagnoses (two-level lumbosacral disc injury, right S1 lumbosacral radiculopathy, and flare-up of low back pain), and treatment to date (medications, epidural steroid injection, physical therapy, and 30 previous acupuncture treatments). Medical reports identify a functional restoration program evaluation on 10/22/14. Regarding Functional Restoration Program x10 days 2 weeks, there is no documentation that there is an absence of other options likely to result in significant clinical improvement. Regarding Acupuncture x20 sessions, there is no documentation that acupuncture is used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of acupuncture treatments to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program for 10 days 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identify documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of chronic pain program evaluation. Within the medical information available for review, there is documentation of diagnoses of two-level lumbosacral disc injury, right S1 lumbosacral radiculopathy, and flare-up of low back pain. In addition, given documentation of a functional restoration program evaluation, there is documentation that an adequate and thorough evaluation has been made, including baseline functional testing; previous methods of treating chronic pain have been unsuccessful; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change. However, given documentation of an associated request for acupuncture times 20 sessions, there is no documentation that there is an absence of other options likely to result in significant clinical improvement. Therefore, based on guidelines and a review of the evidence, the request for Functional Restoration Program times 10 days 2 weeks is not medically necessary.

Acupuncture for 20 sessions: 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 Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines identify that acupuncture may be 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, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times

per week, and duration of 1-2 months. MTUS-Definitions identify that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of two-level lumbosacral disc injury, right S1 lumbosacral radiculopathy, and flare-up of low back pain. In addition, there is documentation of 30 previous acupuncture treatments which exceeds guidelines. However, there is no documentation that acupuncture is used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of acupuncture treatments to date. Therefore, based on guidelines and a review of the evidence, the request for acupuncture times 20 sessions is not medically necessary.