

Case Number:	CM15-0111103		
Date Assigned:	06/17/2015	Date of Injury:	01/01/2011
Decision Date:	07/20/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/09/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 62-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 1, 2011. In a Utilization Review report dated May 27, 2015, the claims administrator failed to approve requests for acupuncture and a gym program. The claims administrator referenced a RFA form received on May 19, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress note dated June 18, 2015, the applicant reported ongoing complaints of neck and low back pain with ancillary complaints of headaches. The applicant was returned to regular duty work. It was stated that the applicant had received acupuncture and dry needling. The applicant's medications included hydrochlorothiazide, Lopressor, Motrin, Lidoderm patches, Dendracin, and Flexeril, it was stated. Trigger point needling was performed in the clinic. The applicant was returned to regular duty work. Additional acupuncture was sought while Motrin, Flexeril, Dendracin, Lidoderm, hydrochlorothiazide, and Lopressor were prescribed. On June 12, 2015, the applicant was again described as receiving dry needling and acupuncture. Regular duty work, Motrin, Flexeril, Dendracin, Lidoderm, hydrochlorothiazide, and Lopressor were continued and/or renewed. In a progress note dated May 18, 2015, the applicant again reported ongoing complaints of neck and low back pain. The applicant was concurrently receiving acupuncture, it was acknowledged. The applicant was currently working, it was reported. Multiple palpable tender points were noted on palpation. Acupuncture, a gym program, regular duty work, trigger point needling, Motrin, Flexeril, Dendracin, Lidoderm patches, hydrochlorothiazide, and Lopressor were all endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8 visits: 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 rationale: No, the request for eight sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. The eight-session course of acupuncture at issue, in and of itself, represents treatment in excess of the three to six treatments deemed necessary to produce functional improvement, per the Acupuncture Medical Treatment Guidelines and MTUS 9792.24.1.c1. The request in question, furthermore, represented a renewal or extension request for acupuncture. While MTUS 9792.24.1d acknowledges that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20e, here, however, it did not appear that the applicant was in fact demonstrating ongoing or continuing evidence of functional improvement as defined in section 9792.20e. Rather, it appeared that the applicant had plateaued following receipt of earlier unspecified amounts of acupuncture over the course of the claim. While the applicant had returned to regular duty work, it did not appear that ongoing usage of acupuncture was appreciably diminishing the applicant's dependence or reliance on other forms of medical treatment, including analgesic medications such as Motrin, Flexeril, Dendracin, and Lidoderm patches. Ongoing usage of acupuncture failed to curtail the applicant's dependence on trigger point needling, which was obtained at multiple points in 2015 alone. All of the foregoing, taken together, suggested that the applicant had, in fact, plateaued in terms of the functional improvement measures established in MTUS 9792.20e, despite receipt of unspecified amounts of prior acupuncture over the course of the claim. Therefore, the request for additional acupuncture was not medically necessary.

Gym program x 3 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Low Back Problems, Gym memberships.

Decision rationale: Similarly, the request for a three-month gym membership was likewise not medically necessary, medically appropriate, or indicated here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that applicants are instructed in and expected to continue active therapies at home as an extension of the treatment process in order to maintain

improvement levels. In a similar vein, the MTUS Guideline in ACOEM Chapter 5, page 83 also notes that, to achieve functional recovery, applicants must assume certain responsibilities, one of which included adhering to and maintaining exercise regimens. Thus, both page 98 of the MTUS Chronic Pain Medical Treatment Guidelines and page 83 of the ACOEM Practice Guidelines seemingly take the position that gym memberships and the like are articles of applicant responsibility as opposed to articles of payer responsibility. ODG's Low Back Chapter Gym Memberships topic notes that gym memberships are not recommended unless a documented home exercise program has not been effective and there is a need for specialized equipment. Here, however, the attending provider's progress note of May 18, 2015 made no mention of the need for specialized equipment. There was no mention of the applicant's having attempted, tried, and/or having failed to perform home exercises of her own accord. Rather, the information on file suggested that the applicant was, in fact, capable of transitioning to self-directed home-based physical medicine without the gym membership at issue, just as the applicant had already returned to regular duty work. Therefore, the request was not medically necessary.