

Case Number:	CM15-0122142		
Date Assigned:	07/06/2015	Date of Injury:	12/04/2013
Decision Date:	08/06/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/24/2015

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, Pain Management

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 56 year old female, who sustained an industrial injury on 12/4/13. She has reported initial complaints of a motor vehicle accident while working. The diagnoses have included chronic diffuse spine pain, chronic low back pain with sciatica symptoms, difficulty with ambulation and psychiatric condition. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy, and other modalities. Currently, as per the physician progress note dated 5/12/15, the injured worker complains of pain in the thoracic, cervical and lumbar spine. The physical exam reveals tenderness over T7-T8 and T8-T9 facet joints bilaterally, worse with active extension and side rotation. The injured worker ambulates with use of a front wheeled walker. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the thoracic spine dated 5/8/15 that reveals degenerative changes, and chronic wedging at T7, T8 and T9 suggesting chronic compression fracture without significant neural compression effect. The previous physical therapy sessions are noted. The physician requested treatments included bilateral thoracic T7-T8 and T8-T9 facet injections and Acupuncture 8 sessions for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral thoracic T7-T8 and T8-T9 facet injections: 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), Lumbar & Thoracic - Acute & Chronic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint injections, thoracic.

Decision rationale: Regarding the request for thoracic facet injections, California MTUS does not specifically address the issue. ODG cites that they are not recommended, as there is limited research on therapeutic blocks or neurotomies in this region, and the latter procedure (neurotomies) are not recommended. In light of the above issues, the currently requested thoracic facet injections are not medically necessary.

Acupuncture, 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, 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. Within the documentation available for review, it is unclear what current concurrent rehabilitative exercises will be used alongside the requested acupuncture. Additionally, the current request for a visit exceeds the 6-visit trial recommended by guidelines. Unfortunately, there is no provision to modify the current request. As such, the currently requested acupuncture is not medically necessary.