

Case Number:	CM15-0123747		
Date Assigned:	07/08/2015	Date of Injury:	01/07/2003
Decision Date:	08/11/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/26/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 injured worker is a 71-year-old female who sustained multiple industrial injuries on 1/7/2003 resulting in cervical spine, low back, and bilateral knee pain, including impaired range of motion. The injured worker was diagnosed with lumbosacral spondylosis, lumbar disc displacement, internal derangement of the right knee, cervical derangement disc disease with cervical radiculopathy, and, status post multiple trauma. Treatment has included epidural sacroiliac and trigger point steroid injection with 60% relief; medication; right knee Synvisc injections with 50% improvement in stability and range of motion; medication; and, home exercise. The injured worker continues to report knee, back and cervical pain with limited mobility. The treating physician's plan of care includes eventual knee replacement, a follow up with pain management specialist and 10 acupuncture sessions. The injured worker is retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-Up with Pain Management Specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

Decision rationale: According to the ODG, office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case the patient is noted to be doing well with synvisc injections and current analgesic medications with improved comfort and function. The request for a specialist referral is not medically necessary or made.

Acupuncture 1x10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the MTUS, "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 recommended time to produce functional improvement is 3-6 treatments. In this case the patient complains of cervical and lumbar spine pain. The requested number of sessions of acupuncture is 10 which is in excess of the recommended number of treatments to determine functional improvement. Therefore the request is not medically necessary.