

Case Number:	CM15-0173392		
Date Assigned:	09/15/2015	Date of Injury:	09/19/2001
Decision Date:	10/15/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/02/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 65 year old female who sustained an industrial injury on 09-09-01. A review of the medical records indicates the injured worker is undergoing treatment for failed lumbar back syndrome, myofascial pain, and osteoarthritis. Medical records (07-28-15) reveal the injured worker reports that she has 60% reduction in pain after working with a personal trainer in addition to acupuncture treatment. The physical exam (07-28-15) reveals tenderness to palpation of the lumbar paraspinal muscles, and pain with lumbar extension. Treatment has included back surgery, physical therapy, acupuncture, and medications. The original utilization review (08-05-15) non-certified the request for additional sessions with a gym trained and additional acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue sessions for personal trainer at the gym times six: 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), TWC Low Back Procedure Summary Online Version updated 07/17/2015.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states gym memberships are only indicated when there is failure of a home exercise program or the need of specialized equipment. The membership must be under the supervision of a medical professional. There is no indication of failure of home exercise program. The membership is not under the supervision of a medical professional. The request is not medically necessary.

Acupuncture times six sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The California chronic pain medical treatment guidelines section on acupuncture states: 1) "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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used 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. Frequency and duration of acupuncture with electrical stimulation may be performed as follows: 1. Time to produce functional improvement 3-6 treatments, 2. Frequency: 1-3 times per week, 3. Optimum duration is 1-2 months, 4. Treatments may be extended if functional improvement is documented. The patient has had previous acupuncture with a reported 60% reduction in pain. There are no objective documentation of pain improvement and function. Therefore, criteria for ongoing treatment has not been met and the request is not medically necessary.