MAXIMUS Federal Services

Case Number:	CM15-0029845		
Date Assigned:	02/23/2015	Date of Injury:	04/17/2006
Decision Date:	06/11/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/17/2015

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: Massachusetts
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 47-year-old male patient who sustained an industrial injury on 04/17/2006. A primary treating office visit dated 08/14/2014 reported subjective complaint of ongoing neck, mid and low back pain that has increased recently. The patient is pending authorization to see dietician regarding weight loss. He last worked in 2008. Current medications are Norco 10/325, Tramadol ER, and Prilosec. The medication does decrease his pain about 50% reductions, which allows him to participate in activities of daily living. He is also using Terocin patches with some effect. Treatment history to include: acupuncture, chiropractic care, physical therapy, lumbar epidural injections, and has also tried Tylenol, Aleve, and Advil with no relief of symptom. The following diagnoses are applied: multi-level herniated nucleus pulposus (HNP) with moderate to severe stenosis and distortion of the cervical cord; myelopathy; HNP of lumbar spine with stenosis; cervical and lumbar radiculopathy, and chronic pain syndrome. The plan of care involved: recommending additional acupuncture sessions, nutritional counseling, home exercise program and prescribed the following: Norco, Tramadol and Prilosec. A more recent primary care office visit dated 02/05/2015 reported the patient receiving authorization for additional acupuncture sessions, but has not yet scheduled. The patient has had a nutritional consult. He has current complaint of ongoing neck, mid and low back pain. There is no change in treating diagnoses and he will follow up in 8 weeks. Recommending the patient continue with medications Tramadol, Omeprazole, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture x 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic neck and radiating low back pain. Prior treatments have included acupuncture, chiropractic care, medications, and physical therapy. The claimant performs a home exercise program. When seen, 6 sessions of acupuncture had been authorized but not been scheduled. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the total number of treatments being requested is in excess of the guideline recommendation. The claimant is already performing a home exercise program. After completion of up to the already authorized 6 treatments, the claimant would need to be reassessed prior to considering treatment extension. The request was therefore not medically necessary.