

Case Number:	CM15-0067049		
Date Assigned:	04/14/2015	Date of Injury:	04/30/2010
Decision Date:	05/19/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/08/2015

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, Indiana, New York
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 36-year-old female who sustained an industrial injury on 4/30/10. The injured worker reported symptoms in the back, right ankle and right shoulder. The injured worker was diagnosed as having strain/sprain lumbar spine, right shoulder rotator cuff syndrome and chronic arthralgia right foot and ankle. Treatments to date have included status post right ankle surgery, orthotics, and nonsteroidal anti-inflammatory drugs. Currently, the injured worker complains of pain in the back, right ankle and right shoulder. The plan of care was for acupuncture treatment and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restorative Guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Functional Restoration Program.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, functional restoration program is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; and adequate thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. The negative predictors of success, which include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnoses are chronic arthralgia right ankle with minimal right ankle instability, status post extensive right ankle surgery including arthroscopic debridement, arthrotomy, with excision of the symptomatic os fibularis and lateral ankle stabilization: rotator cuff syndrome right shoulder; and sprain/strain lumbar spine. Medical record contains 16 pages with three progress notes by the same treating provider (foot and ankle surgeon DPM). The three progress notes are dated September 29, 2014, November 17, 2014, and, the most recent progress note, December 15, 2014. A pain management specialist (██████) requested the functional restoration program. There was no documentation in the medical record from this pain management specialist. There is no clinical indication or rationale from the requesting physician for the functional restoration program. The request for authorization for the functional restoration program is dated March 18, 2015. There are no contemporaneous progress notes on or about March 18, 2015. The closest progress note to this request by the foot and ankle surgeon dated December 15, 2014. Consequently, absent clinical documentation with a clinical indication and rationale and contemporaneous progress notes on or about the date of request for authorization (March 18, 2015), a functional restoration program is not medically necessary.

Outpatient acupuncture two times a week for three weeks (2x3): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Acupuncture.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture 2 times per week times three per week times six weeks is not

medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of three to four visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are chronic arthralgia right ankle with minimal right ankle instability, status post extensive right ankle surgery including arthroscopic debridement, arthrotomy, with excision of the symptomatic os fibularis and lateral ankle stabilization: rotator cuff syndrome right shoulder; and sprain/strain lumbar spine. Medical record contains 16 pages with three progress notes by the same treating provider (foot and ankle surgeon DPM). The three progress notes are dated September 29, 2014, November 17, 2014, and, the most recent progress note, December 15, 2014. The utilization review indicates the injured worker received 21 chiropractic treatments, 18 physical therapy treatments and, after an additional request on January 26, 2015 for an additional eight acupuncture treatments, the injured worker received a total of 20 acupuncture treatments. There are no acupuncture treatment session notes in the medical record and no evidence of objective functional improvement. The guidelines recommend an initial trial of 3-4 visits and with evidence of objective functional improvement a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. There is no documentation indicating objective functional improvement and the injured worker has exceeded the recommended number of acupuncture sessions (8 to 12 visits over 4 to 6 weeks). Additionally, the evidence is inconclusive for repeating this procedure beyond an initial short period. Consequently, absent clinical documentation with objective functional improvement while exceeding the number of recommended acupuncture sessions (according to the guidelines), acupuncture 2 times per week times three per week times six weeks is not medically necessary