

Case Number:	CM13-0014324		
Date Assigned:	10/04/2013	Date of Injury:	10/01/2004
Decision Date:	01/15/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 10/01/2004. The treating diagnoses include multiple cervical disc herniations, cervical stenosis, cervical radiculopathy, uncontrolled diabetes, and elevated liver enzymes. An initial physician review notes that this patient is being treated for diagnoses including intervertebral disc displacement and cervical stenosis. That physician review notes that this patient is a 57-year-old woman who previously had received at least 24 sessions of acupuncture which reportedly reduced pain and narcotic usage and increased function and that the patient had failed land-based therapy and was depressed due to ongoing chronic pain issues. The patient was noted to have reduced spinal motion in multiple directions as well as an antalgic gait and decreased sensation in the C6 through C8 dermatomes on the left and with the motor exam in multiple limbs limited by pain. That physician review recommended modification of the aquatic therapy request to six sessions. That review also noted there was no documented functional improvement to support an indication for additional acupuncture. That review recommended certification of an orthopedic followup but noted that pain management followup was not indicated since the purpose would be for an epidural injection, which was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture times 6 neck/back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Treatment Medical Utilization Schedule Acupuncture Medical Treatment Guidelines, section 24.1, indicate, "Acupuncture treatment may be extended if functional improvement is documented as defined in section 92.20." In turn, section 92.20 states, "Functional impairment means either a clinically significant improvement in activities of daily living or a reduction of work restrictions as measured on the history and physical exam performed and documented." The records provided in this case describe subjective functional improvement but do not describe functional improvement consistent with the guidelines. The request for additional acupuncture times 6 neck/back is not medically necessary and appropriate.

Pool therapy times 12 neck/back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy & Physical Medicine Page(s): 23, 99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on aquatic therapy, indicate, "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy." Additionally, The Chronic Pain Medical Treatment Guidelines, section on physical medicine, page 99, recommends "Myalgia and myositis unspecified...9-10 visits over 10 weeks...Radiculitis unspecified: 8-10 visits over 4 weeks." This employee may have an indication for aquatic therapy since the records indicate the employee did not improve with or could not tolerate land therapy. However, the guidelines would not support 12 initial sessions of aquatic therapy. The request for pool therapy times 12 neck/back is not medically necessary and appropriate.

Follow-up visit times 1 with Dr. Wolfson/pain management: 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), Low Back Chapter, Office Visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46.

Decision rationale: With regard to the followup for pain management, this is for the purpose of an epidural injection. The Chronic Pain Medical Treatment Guidelines, section on epidural injections, page 46, indicates, "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Thus, an epidural injection

is not indicated in this case. The request for follow-up visit times 1 with [REDACTED]/pain management is not medically necessary and appropriate.