

Case Number:	CM13-0015460		
Date Assigned:	10/08/2013	Date of Injury:	01/18/2013
Decision Date:	01/23/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/22/2013

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, has a subspecialty in Interventional Spine, 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 claimant is a 60 year old female with a date of injury of 01/18/2013. The patient has diagnoses of cervicgia, lumbago, pain in joint/upper arm and pain in joint/pelvic region. According to the report dated 07/08/2013, by [REDACTED], the patient is in moderate distress. A gross exam of the spine revealed no abnormalities. Range of motion of the trunk is decreased on all planes with pain. Palpation of the spine is positive for pain at T6-T12 paraspinous area bilaterally. Patient states she has had physical therapy, which "does not make her feel better." Unfortunately, the report by [REDACTED] containing the requests is missing. The medical records provided for review do not indicate whether or not the patient has flared-up, has a new injury, or experienced any specific decline in function to warrant a course of therapy. The utilization review letter denying the request does not have specifics on the prior PT received. [REDACTED]' report does state whether the patient received prior physical therapy, which would have been between DOI 01/18/2013 and his report dated 07/08/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x4 for Cervical and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Physical Medicine Page(s): 98-99.

Decision rationale: 8 physical therapy sessions are requested to treat the patient's neck, low back and upper extremity chronic pain condition. The reports refer to prior therapy treatments, but the number of those treatments, when they occurred, and what results were achieved were not indicated in the medical records provided for review. The patient apparently stated that, "therapy does not make me feel better." Consequently, the patient may not be ready to actively participate in active therapy treatments to benefit from them. Unfortunately, the report containing the request for 8 therapy sessions was not submitted within the medical records for this case. Medical records provided for review do not indicate functional improvement from prior therapy sessions. The utilization review letter denying the request does not provide any additional information regarding prior therapy sessions. The MTUS Chronic Pain Guidelines allow for 8-10 sessions of PT for this patient's type of conditions, such as strain/sprain, myalgia, neuritis, and radiculitis. Given that the patient has had prior therapy, the current request would exceed what is recommended by MTUS Chronic Pain Guidelines. The request for PT 2x4 for Cervical and Lumbar Spine is not medically necessary and appropriate.

Acupuncture 2x4 sessions for cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: While acupuncture is indicated in the MTUS Acupuncture Guidelines for the treatment of chronic pain, there is nothing to indicate in the medical reports that the patient has received the initial trial of 3-6 sessions of acupuncture, as recommended by the Guidelines. The objective of the 3-6 session trial is to demonstrate efficacy directly linked to the patient's functional improvement. If the patient responds favorably and functional improvement is demonstrated, MTUS Acupuncture Guidelines defines continued acupuncture as optimal for duration of 1-2 months at a frequency of 1-3/wk. The treater has requested 2x4 (8) sessions of acupuncture treatment, which is beyond the initial 3-6 sessions recommended for a trial. The request for Acupuncture 2x4 sessions for cervical and lumbar spine is not medically necessary and appropriate.