MAXIMUS Federal Services

Case Number:	CM13-0020082		
Date Assigned:	12/11/2013	Date of Injury:	03/04/2013
Decision Date:	01/23/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/04/2013

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 patient is a 50 year female with a date of injury of 3/4/13. The patient's diagnoses are C,T,L sprain/strain with radiculopathy per a report from 8/6/13. The presenting symptom is pain, per hand-written reports. Medications prescribed are Norco, Prilosec, and transdermal Keto/lido patches. An MRI of the L-spine showed 2-3 mm bulging discs, C-spine MRI showed normal findings, other than 2mm bulging disc at C5-6. An MRI of the shoulders showed osteoarthritis, and mild tendinitis. An EMG from 6/18/13 was normal for upper extremities. Hand-written reports by [redacted] from 3/19/13 to 8/6/13 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture cervical, lumbar, and bilateral shoulders qty: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with chronic pain of neck, thoracic and lumbar spine as well as shoulders. Based on the patient's pain conditions, an acupuncture treatment trial is supported by the MTUS Acupuncture Guidelines. However, the request is for 12 sessions.

Acupuncture Guidelines recommend starting with 3-6 sessions, checking for objective functional improvement, and then continuing with additional treatments. The treater's request for 12 sessions of acupuncture treatments exceeds what is allowed for a trial treatment per MTUS Acupuncture Guidelines. The request for acupuncture cervical, lumbar, and bilateral shoulders qty: 12 is not medically necessary and appropriate.

Physical therapy cervical, lumbar, and bilateral shoulders qty 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175,. Decision based on Non-MTUS Citation Official Disability Guidelines; Neck and Upper Back; Physical Therapy.

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

Decision rationale: Medical records provided for review indicate that previous MRI's and EMG/NCV studies were unremarkable. The treater has asked for 12 sessions of physical therapy. A review of the reports from 3/19/13 to 8/6/13 does not show that PT has been tried. Chiropractic treatments were requested in the past. No physical therapy notes were submitted for review. MTUS Chronic Pain Guidelines recommend 8-10 sessions of physical therapy for myositis, myalgia, neuritis, and radiculitis types of pain conditions. The treater's current request for 12 sessions exceeds what is allowed by MTUS guidelines. The request for physical therapy cervical, lumbar, and bilateral shoulders qty 12 is not medically necessary and appropriate.

Prilosec 20mg qty: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, section on NSAIDS Page(s): 69..

Decision rationale: MTUS Chronic Pain Guidelines allow the use of Prilosec for well defined GI risks associated with NSAID oral use. According to the medical records provided for review, this patient is not taking any NSAIDs and the treater does not explain why the patient is on Prilosec. There are no discussions about the patient having GI symptoms, prior peptic ulcer history, NSAID oral intake with ASA, or anti-coagulants. The request for Prilosec 20mg qty: 60 is not medically necessary and appropriate.