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| Case Number: | CM13-0048621 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 05/07/2007 |
| Decision Date: | 03/14/2014 | UR Denial Date: | 10/15/2013 |
| Priority: | Standard | Application Received: | 11/06/2013 |

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of May 7, 2007. A utilization review determination dated October 15, 2013 recommends modification of acupuncture two (2) times a week for six (6) weeks and physical therapy two (2) times a week for six (6) weeks. The previous reviewing physician recommended modification of physical therapy two (2) times a week for six (6) weeks and acupuncture two (2) times a week for six (6) weeks due to a flare up of symptoms and guideline support for a trial of 6 acupuncture sessions in conjunction with physical therapy. A Supplemental Report dated September 9, 2013 identifies Current Complaints of neck pain and cervical radiculitis, shoulder pain. Physical Examination identifies right-sided posterior cervical paraspinous tenderness that extends down into the right levator scapula. There is complaint of pain with extension of the neck and Lhermitte sign is positive on the right. Decreased pinprick sensation in a right C5 and C6 distribution. Decreased grip strength on the right. Abduction of the right shoulder is limited to about 30 degrees because of pain. Impression includes history of work-related injury, chronic neck pain and symptoms of right upper extremity radiculitis. Treatment Plan includes a course of treatment with acupuncture and chiropractic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times a week for six weeks: Upheld

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

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

Decision rationale: Regarding the request for acupuncture two (2) times a week for six (6) weeks, California MTUS does support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, there is documentation of chronic pain and functional deficits. However, there is no provision to modify the request to the supported trial of 6 sessions. As such, the currently requested acupuncture two (2) times a week for six (6) weeks is not medically necessary.

Physical Therapy two times a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 173, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy two (2) times a week for six (6) weeks, CA MTUS Guidelines recommend a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, as stated previously, the patient does have increased symptoms and functional deficits. However, again as noted before, there is no provision to modify the request to the supported trial of 6 sessions. As such, the current request for physical therapy two (2) times a week for six (6) weeks is not medically necessary.