

Case Number:	CM13-0059792		
Date Assigned:	12/30/2013	Date of Injury:	03/02/2011
Decision Date:	05/06/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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. The expert 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 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/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 03/02/2011. Multiple treating diagnoses include cervical radiculopathy and lumbar radiculopathy with related cervical, lumbar, and hip pain and headaches. Treatment has included past acupuncture and physical therapy treatments. On 10/29/2013, the treating orthopedic surgeon saw the patient in follow up and noted the patient complained of headaches, burning radicular neck pain to the upper extremities, burning radicular mid back pain and lower back pain, hip pain, and stress. On exam the patient had decreased range of motion in the affected areas with decreased sensation and decreased myotomal strength in multiple locations. The treating physician recommended MRI imaging and plain film imaging of multiple body parts as well as physical therapy and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) PHYSICAL THERAPY TREATMENT FOR THE NECK AND LOW BACK:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE Page(s): 99.

Decision rationale: The Medical Treatment Utilization Schedule, section on physical medicine, page 99, anticipates that this patient would have transitioned by now to an independent home rehabilitation program. The record and the guidelines do not provide an indication or rationale as to why the patient instead would require additional supervised physical therapy. This request is not medically necessary.

EIGHT (8) ACUPUNCTURE TREATMENT FOR THE FACE/HEAD, NECK AND LOW 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 Medical Treatment Utilization Schedule Acupuncture Medical Treatment Guidelines recommend continued acupuncture if there is specific documentation of functional improvement from prior acupuncture. The medical records do not document functional improvement as defined in the treatment guidelines. Such functional improvement should include specific documentation of improvement in activities of daily living in the evaluation and treatment notes, and this is not present at this time. Moreover, 8 acupuncture treatments exceed the recommendations in the guidelines for either initial or additional treatment. For these multiple reasons, the current request for 8 acupuncture treatments is not medically necessary.