

Case Number:	CM13-0068889		
Date Assigned:	01/03/2014	Date of Injury:	08/16/1979
Decision Date:	11/24/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/20/2013

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, 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 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 patient is a 54 year-old male with the date of injury of 08/06/1979. The patient presents with pain in his neck and wrists bilaterally. The patient presents limited range of neck motion. His neck flexion is 50 degrees, extension is 40 degrees and rotation is 40 degrees. MRI of the cervical spine from 09/13/2013 reveals that "1) C2-C3: 1-2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing 2) C3-C4: moderate to severe bilateral neural foraminal narrowing and mild canal stenosis 3) C4-C5: moderate to severe right and mild left neural foraminal narrowing and mild canal stenosis." According to [REDACTED] report on 11/11/2013, diagnostic impressions are: 1) Spinal stenosis, cervical 2) Sprain/ strain, wrist bilateral. The utilization review determination being challenged is dated on 11/25/2013. [REDACTED] is the requesting provider, and he provided treatment reports from 09/16/2013 to 11/11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ACUPUNCTURE SESSIONS (BETWEEN 11/13/13 AND 1/12/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The patient presents with pain and weakness in his neck and both of his wrists. The request is for 12 sessions of chiropractic therapy. The utilization review letter on 11/25/2013 indicates that the patient has had chiropractic therapy in the past. MTUS recommends an optional chiropractic trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up 18 visits over 6 to 8 weeks. In this case the provider has asked for therapy but does not discuss treatment history, how the patient responded to treatments or how many times the patient has had therapy, and what can be accomplished with therapy. Therefore, this request is not medically necessary.

12 PHYSICAL THERAPY VISITS (BETWEEN 11/13/13 AND 1/12/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: The patient presents with pain and weakness in his neck and both of his wrists. The request is for 12 sessions of physical therapy. MTUS guidelines allow 8-10 sessions of physical therapy for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. The utilization review letter on 11/25/2013 indicates that the patient has had physical therapy in the past. In this case the provider has asked for therapy but does not discuss treatment history, how the patient responded to treatments or how many times the patient has had therapy, and what can be accomplished with therapy. Furthermore, the current request for 12 sessions exceeds what is recommended per MTUS guidelines. Therefore, this request is not medically necessary.

12 CHIROPRACTIC VISITS (BETWEEN 11/13/13 AND 1/12/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM, Chapter: 7, page 174-175, Neck and Upper Back Complaints

Decision rationale: The patient presents with pain and weakness in his neck and both of his wrists. The request is for 12 sessions of acupuncture. The utilization review letter on 11/25/2013 indicates that the patient has had acupuncture in the past. There are no therapy reports provided for this review. ACOEM guidelines allow 4-6 sessions of acupuncture treatments for neck complaints for an initial trial and up to 1-3 sessions per week, 1-2 month with functional improvement. In this case, the patient has recently had acupuncture sessions but the provider

does not discuss the patient's response. Labor code 9792.20(e) defines functional improvement as significant change in ADL's, OR changes in work status such as return to work; and decreased dependence on medical treatments. Given the lack of discussion regarding functional improvement, additional acupuncture treatments would not be indicated. Furthermore, the current request for 12 sessions exceeds what is recommended per MTUS guidelines. Therefore, this request is not medically necessary.