

Case Number:	CM14-0106685		
Date Assigned:	07/30/2014	Date of Injury:	09/10/2013
Decision Date:	10/21/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/10/2014

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 Internal Medicine 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 injured worker is a 56-year-old female who reported an injury on 09/10/2013 and reportedly sustained injuries to her right shoulder and lumbar spine. The injured worker's treatment history included physical therapy sessions, epidural steroid injections, surgery, studies, and medications. The injured worker was evaluated on 06/13/2014 and it was documented that the injured worker complained of intermittent moderate neck pain with radiation to the right upper extremity to the hand level, with numbness and tingling. The injured worker rated her neck pain at 8/10 on the pain scale. The injured worker complained of intermittent moderate low back pain with radiation to the legs, bilaterally to the knees, with numbness and tingling in the thighs bilaterally with spasms. The injured worker rated her low back pain at 9/10 on the pain scale. The injured worker complained of restricted range of motion in the right shoulder. The injured worker stated she cannot stretch her right shoulder, or walk for prolonged periods of time without pain. She stated that her pain in her neck radiated to the posterior portion of her head. Physical examination of the cervical spine revealed tenderness to palpation about the paracervical and trapezial musculature. There was a positive cervical distraction test. There was muscle spasms noted. There was restricted range of motion due to complaints of pain. Physical examination of the right shoulder revealed tenderness to palpation about the anterolateral shoulder and supraspinatus. There was mild tenderness extending to the pectoralis. There was restricted range of motion due to complaints of discomfort and pain. There was rotator cuff weakness noted. Physical examination of the lumbosacral spine revealed increased tone and tenderness about the paralumbar musculature with tenderness at the midline thoracic/lumbar junction and over the level of L5-S1 facets and right greater than sciatic notch. There were muscle spasms. Diagnoses included work related fall, cervical spine strain/sprain, right shoulder strain, status post arthroscopy, lumbar

spine strain with radicular complaints and evidence of spondylolisthesis at L4-5. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pt 2X4 for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines; Physical Medicine; Page(s): pag.

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

Decision rationale: The request is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker has received physical therapy however, outcome measures were not submitted for review. The provider failed to indicate long-term functional goals. The request submitted exceeds recommended amount of visits per the guidelines. The documentation that was submitted indicated the injured worker has already had prior physical therapy sessions. However, the provider failed to indicate the injured worker's home exercise regimen. As such, the request for Pt 2X4 for the cervical and lumbar spine is not medically necessary.

Acupuncture 2X4 for the cervical and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested is not medically necessary. Per the Acupuncture Medical Treatment Guidelines, it is stated Acupuncture Medical Treatment Guidelines state that "acupuncture" is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The Guidelines state that the frequency and duration of acupuncture with electrical stimulation may be performed to produce functional improvement for up to 3 to 6 treatments no more than 1 to 3 times per week with a duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. The clinical documentation indicated that the injured worker previously participated in conservative care, however outcome measurements were not provided for review. In addition, the documents

submitted failed to indicate injured worker long-term functional goals. As such, the request for Acupuncture 2X4 for the cervical and lumbar spine is not medically necessary.