MAXIMUS Federal Services

Case Number:	CM14-0109638		
Date Assigned:	08/01/2014	Date of Injury:	08/30/2007
Decision Date:	11/07/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/14/2014

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 Physical Medicine and 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 49-year-old male with a date of injury of 08/30/2007. The listed diagnoses per [redacted] are C6 to C7 disk displacement/annular tear; L4-L5 and L5-S1 disk degeneration; and right knee meniscal cyst and horizontal tear lateral meniscus. According to progress report 06/13/2014, the patient represents with neck and low back pain. Examination of the cervical spine revealed tenderness over the bilateral paracervical muscles and trapezius musculature. There was tenderness over the base of the skull and neck. Decreased sensation was noted over the bilateral C6 to C8 dermatomal distribution. Examination of the lumbar spine revealed tenderness of the lumbar paravertebral muscles bilaterally, sacroiliac joints bilaterally, and sciatic notches bilaterally. There was decreased sensation over the right L3 to S1 dermatome. The provider is requesting acupuncture therapy 2 times a week for 3 weeks and physiotherapy 2 times a week for 3 weeks. Utilization Review denied the request on 06/25/2014. Treatment reports from 01/13/2014 through 06/13/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice a week for three weeks for cervical and lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: This patient presents with neck and low back pain. The provider is requesting acupuncture twice a week for three weeks for the cervical and lumbar spine. For acupuncture, MTUS page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial and with functional improvement, 1 to 2 times per day with optimal duration of 1 to 2 months. The medical file provided for review does not include prior acupuncture treatment reports. There is a 308-page QME report from 04/17/2014 which provided an extensive account of the patient's industrial injuries and treatments dating back from 1980s. Although it is unclear as to the exact number of acupuncture the patient has received to date, the QME report, recommended "no further physical therapy, chiropractic treatment, acupuncture, or other modality of this sort is necessary or indicated for the shoulders, cervical spine, lumbar spine, thoracic spine, left knee, or bilateral ankle." It appears the patient has participated in ample conservative treatment including acupuncture. For additional treatment, MTUS requires functional improvement as defined by labor code 9792.20(e) as significant improvement in ADL's, or change in work status AND reduced dependence on medical treatments. Given the provider has not documented functional improvement, additional sessions cannot be supported. Therefore, this request is not medically necessary.

Physiotherapy twice a week for three weeks for cervical and lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The provider is requesting physiotherapy twice a week for three weeks for the cervical and lumbar spine. The medical file provided for review does not include prior physical therapy progress reports. There is a 308-page QME report from 04/17/2014 which provided an extensive account of patient's industrial injuries and treatments dating back from 1980s. Although it is unclear as to the exact number of physical therapy the patient has received to date, the QME report, recommended "no further physical therapy, chiropractic treatment, acupuncture, or other modality of this sort is necessary or indicated for the shoulders, cervical spine, lumbar spine, thoracic spine, left knee, or bilateral ankle." It appears the patient has participated in ample conservative treatment including physiotherapy. The provider does not provide a rationale for the request and does not discuss why the patient would not be able to participate in a self-directed home exercise program. Therefore, this request is not medically necessary.