

Case Number:	CM14-0013026		
Date Assigned:	02/24/2014	Date of Injury:	04/17/2002
Decision Date:	08/07/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/31/2014

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 Occupational 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 patient is a 57-year-old female who has submitted a claim for C5-7 disc herniation status post cervical spine surgery and cervical radiculopathy associated with an industrial injury date of 04/17/2002. Medical records from 02/02/2009 to 01/07/2014 were reviewed and showed that patient complained of neck pain graded 8/10 accompanied by headaches. There was no radiation or numbness reported. Physical examination revealed no gross deformity or swelling of the cervical spine. There was tenderness over the paravertebral muscles noted. There was full cervical spine ROM. Compression and distraction tests were negative. MRI of the cervical spine dated 08/05/2011 revealed C5-7 disc bulge with neural foraminal narrowing. X-ray of the cervical spine dated 08/20/2012 revealed lordotic straightening secondary to positioning or spasm and mild disc space narrowing at C4-5. Treatment to date has included C5-7 anterior cervical discectomy with decompression and bilateral foramintomies and C5-7 anterior cervical interbody fusion with cage (02/23/2012), physical therapy, aquatic therapy, home exercise program and pain medications. Utilization review, dated 01/10/2014, denied the request for twelve visits of initial physical therapy because the exact functional deficit of the patient was unclear. Utilization review, dated 01/10/2014, modified the request for initial acupuncture therapy of 8 sessions to 4 sessions because guidelines state that 3-6 treatments were needed to produce functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial physical therapy for the cervical spine x 12: Upheld

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

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

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient has already completed unspecified visits of physical therapy with no documentation of functional improvement. Furthermore, objective findings do not reveal acute exacerbations that support the need for physical therapy. Therefore, the request for Initial Physical Therapy For The Cervical Spine X 12 is not medically necessary.

Initial acupuncture therapy for the cervical spine x 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to CA MTUS Acupuncture Treatment Guidelines, 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. Time to produce functional improvement with acupuncture is 3 to 6 treatments. In this case, the patient was not reported to be intolerant to pain medications. There was no documentation of active participation in physical rehabilitation, a necessary adjunct to acupuncture care. Furthermore, the requested number of visits exceeds guideline recommendation. Therefore, the request for Initial Acupuncture Therapy For The Cervical Spine X 8 Sessions is not medically necessary.