

Case Number:	CM14-0019118		
Date Assigned:	04/23/2014	Date of Injury:	03/17/2006
Decision Date:	08/08/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/14/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of March 17, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and epidural steroid injection therapy and opioid therapy. In a Utilization Review Report dated February 10, 2014, the claims administrator apparently denied a request for a trial of eight sessions of acupuncture and concurrently denied a request for six sessions of physical therapy. The claims administrator's rationale was difficult to follow. The claims administrator seemingly based its denial of acupuncture on the grounds that the applicant had had previous acupuncture and had failed to improve with the same. The claims administrator also based its denial, in part, on the fact that these requests were earlier denied through a previous Utilization Review Report of December 23, 2013. In a medical progress note dated February 3, 2014, the applicant presented with persistent neck and low back pain, 7/10. The applicant was given a prescription for Norco. A trial of eight sessions of acupuncture was sought, along with six sessions of physical therapy following a recent epidural steroid injection. The applicant was described as having retired. In an earlier progress note of December 16, 2013, the attending provider stated that acupuncture had been of benefit "in the past" to alleviate symptoms. 7/10 pain was nevertheless reported. Norco and tizanidine were refilled. The applicant was described as having retired. On January 13, 2014, the applicant was asked to pursue lumbar epidural steroid injection therapy. It was stated on this occasion that the applicant had not had any previous acupuncture and that the applicant should continue rehabilitation as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE FOR CERVICAL AND LUMBAR SPINE, QTY 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: While the request was entitled 'trial of acupuncture,' it appears, based on the progress note on file, that the applicant had had earlier acupuncture at an unspecified point in time. As noted in MTUS, acupuncture treatments may be extended if there is evidence of functional improvement. In this case, however, there was no such demonstration of functional improvement as defined in the MTUS, despite completion of earlier acupuncture in unspecified amounts. The applicant had permanent work restrictions which remain in place, unchanged, from visit to visit. There was no evidence that the applicant had diminished reliance on other forms of medical treatment with earlier acupuncture. Specifically, the applicant remained reliant on other modalities, including physical therapy, epidural steroid injection therapy, and opioid therapy. All of the above, taken together, implies a lack of functional improvement as defined in MTUS despite earlier acupuncture. Therefore, the request for additional eight sessions of acupuncture was not medically necessary.

PHYSICAL THERAPY FOR CERVICAL AND LUMBAR SPINE QTY 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic.MTUS 9792.20f Page(s): 99,8.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 8 to 10 sessions of treatment for radiculitis, the issue reportedly present here, this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant has failed to demonstrate functional improvement as defined in MTUS 9792.20f despite earlier unspecified amounts of physical therapy over the course of the claim. The applicant has permanent work restrictions which remain in place, unchanged, from visit to visit. The applicant remains highly reliant and highly dependent on other forms of medical treatment, including the acupuncture also at issue here, opioid therapy, epidural steroid injection therapy, etc. All of the above, taken together, argues against functional improvement as defined in MTUS 9792.20f despite completion of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for six additional sessions of physical therapy is not medically necessary.

