

Case Number:	CM14-0112374		
Date Assigned:	08/01/2014	Date of Injury:	01/19/2012
Decision Date:	10/07/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/18/2014

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, and is licensed to practice in Nevada. 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 records presented for review indicate that this 45-year-old female was reportedly injured on January 19, 2012. The mechanism of injury is noted as a fall from a roof. The most recent progress note, dated June 4, 2014, indicates that there are ongoing complaints of low back pain, right sided neck pain, right shoulder pain, and headaches. The physical examination demonstrated tenderness along the right side of the cervical paraspinal muscles, trapezius, levator scapulae, and rhomboid muscles. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a lumbar spinal fusion surgery, physical therapy, biofeedback, and oral medications. A request had been made for six visits of acupuncture, and [REDACTED], Physical Therapist, for pelvic floor therapy and was not certified in the pre-authorization process on July 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6 visits: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back, Acupuncture, August 4, 2014.

Decision rationale: According to the Official Disability Guidelines, acupuncture can be considered as an option when pain medication is reduced or not tolerated. The most recent progress note, dated June 4, 2014, does not indicate that the injured employee has reduced her medications or that they are not tolerated. Additionally, acupuncture is not recommended for cervical spine pain. As such, this request for six visits of acupuncture is not medically necessary.

Referral to [REDACTED] physical therapist for pelvic floor therapy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: A review of the attached medical record indicates that the injured employee has previously attended physical therapy; however, there is no documentation regarding the efficacy of this prior treatment. Additionally, the injured employee is currently awaiting a genitourinary evaluation. For these reasons, this request for a referral to physical therapist, [REDACTED] [REDACTED] for pelvic floor therapy is not medically necessary.