

Case Number:	CM14-0113795		
Date Assigned:	09/18/2014	Date of Injury:	07/08/2008
Decision Date:	11/24/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/21/2014

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:

72 year old female housekeeper injured at work on 8 July 2008 when a door closed on her hitting her in the back and causing her to fall. This caused neck pain, low back pain with radiation into her leg and pain in her right shoulder. She was diagnosed with chronic neck strain with right arm radiculopathy, chronic lumbar strain with right leg radiculopathy and shoulder strain. Comorbid conditions include depression, hyperlipidemia, sleep disorder and sexual dysfunction. Presently her pain is constant, 2/10 (neck and shoulder), 5/10 (low back) when she takes medications and 9/10 when she doesn't take medications. She is retired and is able to do activities of daily living. Examination in Jun 2014 showed that her neck had paraspinal muscle tenderness and normal range of motion with pain on all motion. Right shoulder showed anterior shoulder tenderness and restricted range of motion to abduction and flexion. Upper and lower extremity Electromyography (EMG) and Nerve Conduction Velocity (NCV) study showed right C5 and C8 radiculopathy and right L5 radiculopathy. Treatment has included physical therapy, TENS, acupuncture and medications (Zanaflex, Naprosyn, Ambien, Norco, omeprazole, Ultracet, Flexeril). The patient describes improvement from the PT but the improvement only lasts from 4 hr to 2 days before the symptoms return - in fact, at one point she stated the pain was worse than before starting physical therapy. She has also had multiple acupuncture treatments without documented evidence of functional improvement as defined in California's Acupuncture Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued PT (no duration or frequency) neck and right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 8 Neck and Upper Back Complaints Page(s): 48-49; 90; 173-175, 181-182, Chronic Pain Treatment Guidelines Part 1 and Part 2 Page(s): 1-3, 6, 8 and 98-99.

Decision rationale: Physical therapy can be active or passive. Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the PT office and at home is more likely to result in a return to functional activities. However, even with goal directed physical therapy the resultant benefit, even if initiated after surgery, should be apparent by the 24 sessions recommended in the MTUS. For this patient there has no documented sustained improvement from repeated physical therapy. The request for continued or repeat physical therapy is not medically necessary.

Acupuncture (no duration or frequency) neck and right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Part 1 Page(s): 1, 4.

Decision rationale: Acupuncture is a technique to control and improve pain control in patients with acute and chronic pain. It is thought to allow or cause endorphin release that subsequently causes pain relief, reduction of inflammation, analgesia, increased blood circulation and muscle relaxation. The MTUS guidelines for continued use of this therapeutic modality requires documentation of functional improvement from this therapy. [Note: functional improvement is defined by the MTUS as "clinically significant improvement in activities of daily living or a reduction in work restrictions."] Review of the available medical records does not document a functional improvement from acupuncture. Continued use of this treatment modality in this patient is not medically necessary.