

Case Number:	CM14-0117928		
Date Assigned:	08/06/2014	Date of Injury:	12/09/2010
Decision Date:	09/16/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/25/2014

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 52 year-old female with the date of injury of 12/09/2010. The patient presents with constant pain in her neck, radiating radiates down shoulders, hands and fingers with numbing or tingling sensations. She rates her pain as 4-8/10 on the pain scale, aggravated by her activities. The range of her neck motion is limited. According to [REDACTED] report on 06/18/2014, diagnostic impressions are: 1) Brachial plexus lesions 2) Brachial neuritis/radiculitis other. The utilization review determination being challenged is dated on 06/30/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/18/2013 to 06/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatments, (1) one time a week for (8) eight weeks, QTY: 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The patient presents with persistent pain and weakness in her neck and upper extremities. The request is for acupuncture treatment, one time a week for eight weeks,

and the body part is not indicated. [REDACTED] report on 02/02/2014 states that She noted that the symptoms were reduced overall approximately 30% with the combination of the physical therapy and acupuncture. However, the recent utilization review letter on 06/30/2014 indicates that the patient has had a total of 16 acupuncture treatments without functional improvement. ACOEM guidelines allow 4-6 sessions of acupuncture treatments for neck or lower back complaints. In this case, the treater does not explain why additional therapy needed at this point. Prior treatments have failed and there is no explanation as to why therapy can be helpful now. Furthermore, the current request for 8 sessions combined with 16 received would exceed what is recommended per MTUS guidelines. The request is not medically necessary.

Physical Therapy treatment for the neck, (1) one time a week for (8) eight weeks, QTY: sessions: 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: The patient presents with pain and weakness in her neck and upper extremities. The request is for physical therapy 1 time a week for 8 weeks for the neck. Review of the reports indicate that the patient has been authorized 24 visits in the past and the patient has received at least 7 sessions. [REDACTED] report on 02/02/2014 states that She noted that the symptoms were reduced overall approximately 30% with the combination of the physical therapy and acupuncture. There are no therapy reports provided for this review. The MTUS guidelines allow 8-10 sessions of physical therapy for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the treater has asked for therapy but does not indicate why therapy is needed at this point or how physical therapy alone has helped the patient. There is no discussion regarding the patient's home exercise program. Furthermore, the current request for 8 sessions combined with at least 7 received would exceed what is recommended per MTUS guidelines given no indication of any recent surgery. The request is not medically necessary.