

Case Number:	CM14-0136513		
Date Assigned:	09/03/2014	Date of Injury:	01/06/2014
Decision Date:	10/02/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/25/2014

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 47-year-old female with a date of injury of 01/06/2014. The listed diagnoses: 1. Lumbar pain. 2. Degenerative disk disease. 3. Stenosis. 4. Spondylosis. 5. Facet joint arthritis. According to progress report 06/27/2014, the patient presents with bilateral shoulder, right elbow, bilateral wrist, bilateral hand strain, lumbar facet arthropathy and hip pain. Examination of the lumbar spine revealed flexion 45 degrees with pain, and extension of approximately 20 degrees. There was positive straight leg raise noted bilaterally. The treater is requesting acupuncture sessions 2 times a week for 6 weeks and physical therapy 2 times a week for 6 weeks. Utilization review denied the request on 07/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions, bilateral shoulders, wrist, lumbosacral, 2 time per week for 6 weeks:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture for Neck and Low back Pain:.

Decision rationale: This patient presents with continued upper low back, bilateral shoulder, right elbow, bilateral wrist, and bilateral hand and hip pain. The treater is requesting acupuncture sessions 2 times a week for 6 weeks. For acupuncture, MTUS page 8 recommends acupuncture for pain, suffering, and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 2 times per year with optimal duration of 1 to 2 months. In this case, given the patient's continued pain and decrease in range of motion, an initial trial of 6 sessions may be warranted. However, the treater's request for initial 12 sessions exceeds what is recommended by MTUS. The request is not medically necessary.

Physical therapy, bilateral shoulders, wrist, lumbosacral, 2 time a week for 6 weeks.:

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 Page(s): 98, 99.

Decision rationale: This patient presents with continued upper low back, bilateral shoulder, right elbow, bilateral wrist, and bilateral hand and hip pain. The treater is requesting physical therapy 2 times a week for 6 weeks. For physical medicine, the MTUS guidelines, pages 98 and 99, recommends for myalgia, myositis type symptoms 9 to 10 sessions over 8 weeks. Review of the medical file indicates the patient participated in 6 physical therapy sessions between 02/03/2014 and 02/20/2014, which were reported to be "helpful." In this case, the treater does not discuss why the patient was not able to participate or transition into a home exercise program. Furthermore, the treater's request for 12 additional sessions, with the 6 already received, exceeds what is recommended by MTUS. The request is not medically necessary.