

Case Number:	CM14-0141336		
Date Assigned:	09/10/2014	Date of Injury:	05/01/2012
Decision Date:	11/17/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/02/2014

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 Internal 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 injured worker (IW) is a 37-year-old woman with a date of injury of May 1, 2012. The mechanism of injury was not documented in the medical record. The treating diagnoses include C3 through C7 disc herniations and bilateral foraminal stenoses at C3 through C7. A progress report dated July 14, 2014 documents complaints of ongoing pain and stiffness radiating to both upper extremities. Examination showed tenderness in the bilateral trapezius and cervical paraspinal musculature. The IW was diagnosed with cervical radiculopathy and cervical sprain. Treatment plans have included physical therapy and physiotherapy of the cervical spine. It is documented that she attended therapy 3 times a week for her neck, which did not help. There is no documentation of subjective or objective improvement with any treatments. The IW decided not to have surgery on her neck because she was fearful of surgery and has determined that she wished to live with the condition as long as she is able. Additional physical therapy and acupuncture were recommended. There was no prior acupuncture noted in the medical record. EMG/NCV of the upper extremities dated July 11, 2013 did not reveal any evidence of cervical radiculopathy or upper extremity neuropathy such as carpal tunnel syndrome or cubital tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy; one-two times a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Physical Therapy

Decision rationale: Pursuant to the chronic pain medical treatment guidelines, physical therapy 1 to 2 times a week for six weeks is not medically necessary. The guidelines state physical medicine is recommended and allows for fading of treatment frequency plus active home self-directed physical medicine; improvement in functional capacity. In this case, there is a progress note from April 17, 2014 that states physical therapy has not helped. Consequently, there has been no functional improvement with PT. The medical records do not provide a rationale as to why additional supervised physical therapy would be more beneficial than an independent home program. Based on the clinical information in the medical record (no improvement with prior PT) as the peer-reviewed evidence-based guidelines, physical therapy 1 to 2 times a week for six weeks is not medically necessary.

Acupuncture without stimulation 15 minutes and acupuncture with stimulation additional 15 minutes one-two times a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Acupuncture

Decision rationale: Pursuant to the California Medical Treatment Utilization Schedule and the Acupuncture Medical Treatment Guidelines, acupuncture without stimulation 15 minutes and acupuncture with stimulation additional 15 minutes 1 to 2 times a week for six weeks is not medically necessary. Section 9792.2 4.1 states acupuncture may be extended if functional improvement is documented as defined in section 92.20. In this case, there is no documentation of prior acupuncture treatments, no documentation of functional improvement and no rationale as to the benefits or expectations of acupuncture in the medical record assessment and plan. Based on the clinical information in the medical record (and the lack of rationale as to acupuncture's use in the treatment plan) and the peer-reviewed evidence-based guidelines, acupuncture without stimulation 15 minutes and acupuncture in which stimulation additional 15 minutes, 1 to 2 times a week for six weeks is not medically necessary.