

Case Number:	CM14-0161435		
Date Assigned:	10/06/2014	Date of Injury:	07/08/2013
Decision Date:	12/11/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	10/01/2014

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 & Rehabilitation 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:

This is a 52-year-old female with a 7/8/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 8/4/14 noted subjective complaints of constant neck and low back pain. Objective findings included decreased cervical and lumbar ROM. Diagnostic Impression: cervical strain and lumbar radiculopathy. Treatment to Date: chiropractic, physical therapy, acupuncture, and medication management. A UR decision dated 8/29/14 denied the request for 8 physical therapy visits to the cervical spine/lumbar spine. There is no indication when physical therapy was done before or what benefit was or how much physical therapy has taken place to date. The fact that the treating provider also wants to do acupuncture and chiropractic would indicate little benefit from physical therapy alone, so there is no indication to continue it. It also denied the request for 8 acupuncture visits to the cervical spine/lumbar spine. On 6/18 the patient had one session. There is no indication how many she has had total or the benefit achieved from this. Her pain scores appear to remain unchanged. This would indicate that the acupuncture has not provided any benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy Visits to the Cervical Spine/Lumbar Spine: 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 therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 114

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, given the 2013 original date of injury, it is unclear how much physical therapy the patient has undergone. Additionally, there is no clear documentation of objective functional benefit derived from prior physical therapy. In the absence of this documentation, additional PT would not be certifiable. Therefore, the request for 8 physical therapy visits to the cervical spine/lumbar spine was not medically necessary.

8 Acupuncture Visits to the Cervical Spine/Lumbar Spine: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6, page 114

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. However, given the 2013 original date of injury, it is unclear how many sessions of acupuncture the patient has already received. In the documents available for review, there is no clear documentation of objective functional benefit derived from prior acupuncture sessions. In the absence of this documentation, additional sessions of acupuncture would not be certifiable. Therefore, the request for 8 acupuncture visits to the cervical spine/lumbar spine was not medically necessary.