

Case Number:	CM14-0176753		
Date Assigned:	10/30/2014	Date of Injury:	01/28/2004
Decision Date:	12/12/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/24/2014

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 Pain Management 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 64 year old female with an injury date of 01/28/14. Based on the 09/29/14 progress report provided by [REDACTED], the patient complains of neck and low back pain. Physical examination to the cervical spine revealed improved range of motion, and mild weakness to the right upper extremity. Examination to the lumbar spine revealed somewhat improved range of motion, and full strength at the bilateral lower extremities. Numbness noted at L5 nerve distribution. Patient had 6 sessions of acupuncture which had positive effect on both her neck and low back symptoms, with greater than 50% improvement is noted. Patient still did not attend 2 authorized sessions of physical therapy. Patient reports her symptoms improved with ice, rest, muscle relaxers and physical therapy. The patient's diagnosis on 09/29/14, include the following:- cervical spondylosis with right upper extremity radiculopathy- chronic low back pain- right lower extremity radiculopathy. The utilization review determination being challenged is dated 10/16/14. The rationale follows: 1) 6 More Acupuncture Sessions of the Lumbar and Cervical Spine: "The claimant has completed six sessions of acupuncture. The AP states she had a 50% improvement. However, there is no documentation of objective evidence of functional improvement." 2) 4 More Physical Therapy Sessions of The Lumbar and Cervical Spine: "She's had extensive PT throughout the years. As such the two physical therapy sessions recently approved should be adequate to retrain in a self-directed home exercise program." [REDACTED] is the requesting provider and he provided treatment reports from 07/07/14 - 10/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six More Acupuncture Sessions of The Lumbar and Cervical Spine: Overturned

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) Low Back chapter - Lumbar & Thoracic (Acute & Chronic), Acupuncture

Decision rationale: The patient presents with low back and neck pain. The request is for 6 more Acupuncture Sessions of The Lumbar and Cervical Spine. Physical examination to the cervical and lumbar spines on 09/29/14 revealed improved range of motion. Patient's diagnosis dated 09/29/14 included cervical spondylosis with right upper extremity radiculopathy and chronic low back pain with right lower extremity radiculopathy. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: " (i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." ODG-TWC Acupuncture Guidelines: "Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks." The UR letter dated 10/16/14 states "The claimant has completed six sessions of Acupuncture. The AP states she had a 50% improvement. However, there is no documentation of objective evidence of functional improvement." Per treater report dated 09/29/14, the "patient had 6 sessions of acupuncture which had positive effect on both her neck and low back symptoms." Treater has documented improved range of motion in physical examination dated 09/29/14 and patient has benefited from Acupuncture treatment. The requested additional 6 sessions appear reasonable and inline with guidelines. Therefore, the request for Six More Acupuncture Sessions of The Lumbar and Cervical Spine is medically necessary.

4 More Physical Therapy Sessions of The Lumbar and Cervical Spine: Overturned

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: The patient presents with low back and neck pain. The request is for 4 More Physical Therapy Sessions of the Lumbar and Cervical Spine. Physical examination to the cervical and lumbar spines on 09/29/14 revealed improved range of motion. Patient's diagnosis dated 09/29/14 included cervical spondylosis with right upper extremity radiculopathy and chronic low back pain with right lower extremity radiculopathy. MTUS pages 98,99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are

recommended."The UR letter dated 10/16/14 states "She's had extensive PT throughout the years. As such the two physical therapy sessions recently approved should be adequate to retrain in a self-directed home exercise program." Per treater report dated 09/29/14, patient reports her symptoms improved with ice, rest, muscle relaxers and physical therapy. Patient still did not attend 2 authorized sessions of physical therapy. The request for 4 additional sessions would total 6 authorized sessions, which is still within guideline allowance for the patient's condition based on MTUS. Patient has benefited from Physical Therapy. The requested Four More Physical Therapy Sessions of The Lumbar and Cervical Spine is medically necessary.