MAXIMUS Federal Services

Case Number:	CM14-0180750		
Date Assigned:	11/05/2014	Date of Injury:	02/22/2005
Decision Date:	12/12/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/30/2014

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 injured worker is a 34-year-old female with a date of injury of 02/22/2005. The listed diagnoses per [redacted] are: 1. Migraine.2. Ongoing balance problems and vertigo.3. Nausea.4. Muscle twitching and spasm.5. Insomnia.6. Fatigue.7. Arnold-Chiari syndrome. According to progress report 10/08/2014, the injured worker presents with daily headaches as a result of "HX of Arnold-Chiari malformation with surgical correction in 2008." She received acupuncture treatment, which relieved some of the pressure she was feeling. She has completed 6 of the prescribed acupuncture sessions. The injured worker's first appointment with vestibular therapy was on 06/23/2014 for initial exam. Examination revealed "cog wheeling or rigidity noted and she has random neck, face, trunk, and UE twitching that stops when she engaged in the physical exam." The location of injured worker's headaches starts at the neck, top of head or front and spread throughout. Severity of pain is noted as 3/10 and described as aching, burning, pulsating, sharp, and pressure. This is a request to renew prescription for acupuncture, continue vestibular therapy, and 12 physical therapy sessions. Utilization review denied the request on 10/22/2014. Treatment reports from 03/18/2014 through 10/08/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Prescription: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: For Acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial and with functional improvement, 1 to 2 times per day with optimal duration of 1 to 2 months. The medical file provided for review does not include acupuncture treatment progress reports. Report 10/08/2014 notes that injured worker "has completed her last 6/6 acupuncture treatments." For additional treatment, MTUS requires functional improvement as defined by Labor Code 9792.20(e) as significant improvement in ADLs, or change in work status AND reduced dependence on medical treatments. Given the treating physician has not documented functional improvement, additional sessions cannot be supported. The request for Acupuncture Prescription is not medically necessary.

Continue Physical Therapy/Vestibular Therapy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Vestibular Therapy, Head Chapter

Decision rationale: The ODG Guidelines has the following regarding vestibular therapy under its head chapter, "recommended for patients with vestibular complaints (dizziness and balance dysfunction, such as with MTBI/concussion.) Vestibular rehabilitation has been shown to be associated with improvements and independence, and dynamic visual activity. (Cohen, 2000) Vestibular rehabilitation should be considered in the management of individuals post-concussion with dizziness and gait and balance dysfunction that do not resolve with rest." Review of the medical file indicates the injured worker underwent 9 vestibular therapy sessions between 07/21/2014 and 10/08/2014. These vestibular therapy reports indicate that the injured worker continues to be "very dizzy following her session." Reports 07/21/2014 indicates the injured worker's fogginess is 4/10 and dizziness at 3.5/10. Reports 07/30/2014 notes the injured worker continues with 5/10 in dizziness with blurred vision at 3/10. On 10/08/2014, therapist noted neck pain as 4/10, dizziness as 4.5/10, and nausea as 5/10. In this case, the injured worker has ongoing dizziness and balance issues and ODG supports vestibular therapy for vestibular complaints; however, vestibular therapy treatment reports do not indicate any improvement. In fact, there is an increase in fogginess and dizziness noted. Given the lack of efficacy of these treatments, recommendation for continued therapy cannot be supported. Furthermore, the treating physician has requested continuation of the therapy without specifying duration or the recommended number of treatments. The request for Continue Physical Therapy/Vestibular Therapy is not medically necessary.

Physical Therapy: 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: The treating physician is requesting "regular physical therapy." Authorization for request for physical therapy from 10/08/2014 requests "physical therapy continued care treatment 2 x 6 weeks." For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis type symptoms 9 to 10 sessions over 8 weeks. The medical file provided for review does not include physical therapy treatment history. It is unclear how many sessions the injured worker has received thus far. In this case, the treating physician's request for additional 12 sessions exceeds what is recommended by MTUS. Furthermore, the treating physician does not discuss why the injured worker is unable to transition into a self-directed home exercise program. The request for Physical Therapy is not medically necessary.