

Case Number:	CM14-0035320		
Date Assigned:	06/23/2014	Date of Injury:	11/02/2009
Decision Date:	08/22/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/21/2014

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 & Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 57 year old female with a work injury dated 11/2/09. The diagnoses include cervicalgia, lumbago, sciatica, lumbar sprain or strain. Under consideration is a request for physiotherapy/acupuncture 3x4 for the back, neck, and upper extremities and follow up with spine specialist. There is a 1/6/14 Worker's Compensation Secondary Initial Evaluation which states that the patient has a chief complaint of left cervical, right cervical, right sacroiliac, sacral, right pelvic, right buttock, right posterior leg, right calf, right lumbar pain. On exam the patient has palpable tenderness at lumbar, right lumbar, right sacroiliac, right buttock, right posterior leg, and right calf, upper thoracic, cervical, right cervical and left cervical areas. On exam there is decreased lumbar range of motion. The sitting roots are positive bilaterally. The straight leg raise positive bilaterally, and the Braggards is positive bilaterally. The treatment plan states that the patient will receive acupuncture treatment 2x6, re-evaluation every 4 weeks or 12 sessions. There is a 2/13/14 secondary treating physician comprehensive pain management report that states that the patient is status post transforaminal epidural steroid injection at L5-S 1 on the right on 1/24/2014. The patient feels 50% improvement with the injection. At the moment she is doing acupuncture with significant relief of her pain. She has decreased her intake of medications. Her pain level is a 4/10 on a VAS. It is better with medication, acupuncture/physiotherapy and is worsened by ADLs. The patient has lost 1-2 pounds. A 3/5/14 worker's comp reevaluation report states that on this visit her lower back pain is 5/10. Physiotherapy and acupuncture ended last week- was helping with her pains. She has constant low back pain with R leg radiculopathy- but has improved since last office visit. She had one lumbosacral epidural done 2 months ago. Patient feels a lot of improvement with the epidural. She is still has bilateral shoulder pains and cervical spine pains. She saw an orthopedic surgeon for surgical consultation in regards to her shoulders and carpal tunnel syndrome, he did not

recommend surgeries for shoulders. Patient saw AME- and he also recommended Future medical care to include pain management referral and epidural injections as needed for flare ups. There is a 3/8/14 orthopedic follow up report that states that the patient states she has had pain since her injury. She is undergoing therapy and states she is doing well. She is also seeing a spine specialist and underwent an epidural injection. Objective findings reveal that the examination of the shoulder reveals skin is intact. Good range of motion. There is mild weakness, positive empty can signs, and positive lag signs. There is decreased cervical range of motion and lumbar range of motion. The treatment plan states to see a spine specialist as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy/acupuncture 3x4 for the back, neck, and upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Physiotherapy/acupuncture 3x4 for the back, neck, and upper extremities is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the time to produce functional improvement is 3 to 6 treatments. The guidelines state that acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e). The documentation does not indicate evidence of functional improvement as defined by the MTUS therefore the request for physiotherapy/acupuncture 3x4 for the back, neck, and upper extremities is not medically necessary.

Follow up with spine specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 77.

Decision rationale: Follow up with a spine specialist is not medically necessary. The documentation submitted does not reveal that the patient has had continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks from the prior lumbar epidural steroid injection, therefore the request for a follow up with a spine specialist is not medically necessary. The ACOEM guidelines state that the clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The request for follow up with a spine specialist is not medically necessary.

