

Case Number:	CM14-0040151		
Date Assigned:	06/27/2014	Date of Injury:	01/25/2011
Decision Date:	08/22/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/02/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 53-year-old male was reportedly injured on January 25, 2011. The mechanism of injury was noted as cumulative trauma. The most recent progress note, dated January 22, 2014, indicated that there were ongoing complaints of neck pain and low back pains. There was a normal physical examination and a normal lower extremity neurological examination. Diagnostic imaging studies of the thoracic spine showed disk bulging at C5-T6, T6-C7 and T7-T8. Previous treatment included physical therapy, carpal tunnel release, cervical epidural steroid injections, cervical medial branch blocks, and work restriction. A request had been made for physical therapy and acupuncture for the cervical spine and was not certified in the pre-authorization process on March 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 10 to the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8, 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: According to the American College of Occupational and Environmental Medicine, 1 to 2 visits of physical therapy for education, counseling, and evaluation of home exercise is all that is needed for therapy for the cervical spine. Additionally, the injured employee has already attended physical therapy in the past with unknown efficacy. For these reasons, this request for an additional 10 visits of physical therapy for the cervical spine is not medically necessary.

Acupuncture (no frequency/duration) to the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 8.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 13.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, acupuncture is indicated as an option when pain medication is reduced or not tolerated or as a potential adjunct to physical rehabilitation and/or surgical intervention to hasten recovery. The injured employee was not in the postoperative setting nor was there any documentation that existing pain medication was reduced or not tolerated. For these reasons, this request for additional acupuncture for the cervical spine is not medically necessary.