

Case Number:	CM14-0041150		
Date Assigned:	06/30/2014	Date of Injury:	06/20/2011
Decision Date:	08/20/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/08/2014

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 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 45-year-old female who has submitted a claim for chronic neck pain, failed back syndrome in the cervical spine, posttraumatic stress disorder and lumbar radicular pain associated with an industrial injury date of June 20, 2011. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of bilateral shoulder pain, low back pain, and neck pain radiating down both arms. Physical examination revealed ecchymosis over the posterior neck from cupping procedures. Spurling's test was negative. There was tenderness over the paracervical musculature. Positive muscle spasm in the paracervical musculature was noted. Motor testing was 5/5 in all muscle groups of the upper extremities. Cervical spine range of motion as follows: flexion was normal, extension was normal at 30 degrees, left lateral bend at 30 degrees, left rotation at 30 degrees and right rotation at 30 degrees. Reflexes were 2+ and symmetrical. Positive tenderness in the posterior superior iliac spine region was noted. Lumbar spine range of motion as follows: forward flexion at 60 degrees, extension at 30 degrees, lateral tilt at 30 degrees bilaterally, and rotation at 30 degrees bilaterally. Straight leg raise test was negative. Treatment to date has included cervical spine fusion, lumbar spine fusion, physical therapy, acupuncture, epidural injections, and medications. Utilization review from March 19, 2014 denied the request for acupuncture treatment 2 times a week for 6 weeks for the neck and back because MTUS guidelines states that acupuncture may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery but there was no indication that the claimant was actively seeking physical rehabilitation or surgical intervention for the alleged injuries. The request for physical therapy of 2 times a week for 6 weeks for the cervical/lumbar spine was denied because the claimant has had extensive PT and chiropractic treatments for her chronic condition but there were no subjective benefits nor objective improvements documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment for the neck and back, 2 times a week for 6 weeks, QTY: 12:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the Acupuncture Medical Treatment Guidelines referenced by CA MTUS, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Additionally, acupuncture treatments may be extended for a total of 24 visits if functional improvement is documented. In this case, the review of records indicates that the patient has had acupuncture treatment before however documentation of the total number of previous visits, functional and objective improvements such as increase in activities of daily living, decrease in work restrictions, and reduced need for medical care derived from these visits were not included in the medical records. Guidelines require documentation of functional improvement to support additional acupuncture treatments. Additional information is needed at this time. Medical necessity of requested treatment has not been established. In addition, evidence based guidelines specifically do not recommend acupuncture for neck pain since effectiveness still remains unproven. Furthermore, as mentioned in a progress report dated 6/6/2014, the patient is already scheduled for a functional restoration program in Encino for comprehensive pain management, which would include behavioral therapy, physical therapy and acupuncture among others. Therefore, the request for acupuncture treatment for the neck and back, 2 times a week for 6 weeks, QTY: 12 is not medically necessary.

Physical therapy for the cervical/ lumabr spine, 2 times a week for 6 weeks, QTY: 12:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Physical Therapy; Low Back, Physical Therapy.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and

expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Official Disability Guidelines recommend 10 visits over 8 weeks for strains and sprains of the neck, intervertebral disc disorders without myelopathy and lumbar sprain/strain. In this case, the review of records indicates that the patient has had physical therapy before however documentation of the total number of previous visits, and functional and objective improvements derived from these visits were not included in the medical records. Given the chronic nature of the patient's condition and history of previous Physical Therapy sessions; it is therefore expected that the patient has received more than an adequate number of supervised Physical Therapy sessions that she should be well versed in a self-directed home exercise program. There was also mention that the previous Physical Therapy sessions done in 2011 were discontinued because the patient stated they were not helpful. Furthermore, the present request exceeds the number of Physical Therapy sessions recommended by the guidelines. In addition, as mentioned in a progress report dated 6/6/2014, the patient is already scheduled for a functional restoration program in Encino for comprehensive pain management, which would include behavioral therapy, physical therapy and acupuncture among others. Therefore, the request for Physical therapy for the cervical/lumbar spine, 2 times a week for 6 weeks, QTY: 12 is not medically necessary.