

Case Number:	CM14-0067434		
Date Assigned:	07/11/2014	Date of Injury:	05/05/2011
Decision Date:	08/11/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/12/2014

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 Pain Management 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:

This is a patient with a date of injury of 5/5/11. A 4/3/14 medical report identifies low back pain radiating to the right lower extremity, right shoulder pain radiating to the right side of the neck with limited shoulder range of motion (ROM), anxiety, depression, problems falling and staying asleep, and gastrointestinal complaints with intermittent abdominal pain. She continues with weekly acupuncture treatments. On exam, there is right shoulder tenderness and limited ROM with positive impingement testing, lumbar spine tenderness with limited ROM, positive straight leg raise on the right, and positive Bragard test on the right. Physicla therapy (PT) and acupuncture were recommended as they were noted to be recommended by the panel qualified medical evaluator. A 2/13/14 qualified medical evaluation report noted a history of acupuncture and PT. PT was noted to have been stopped at one point as it was causing too much pain. It recommended physical therapy and acupuncture to all injured parts per MTUS/ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, the California MTUS does support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, the patient has been attending weekly acupuncture, but there is no documentation of analgesic efficacy (in terms of reduced NRS or percent pain reduction) and functional improvement as defined by the CA MTUS in order to support ongoing use of this form of treatment. In the absence of such documentation, the currently requested acupuncture is not medically necessary.

Physical therapy x12 treatments for lumbar, right shoulder and cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Regarding the request for 12 PT treatments for the lumbar, right shoulder and cervical spine, the California MTUS cites that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the California MTUS supports only up to 10 PT sessions for this injury and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested 12 PT treatments for lumbar, right shoulder and cervical spine is not medically necessary.