

Case Number:	CM14-0077620		
Date Assigned:	07/18/2014	Date of Injury:	08/01/2013
Decision Date:	12/26/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/27/2014

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 & 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:

This patient sustained an injury on 8/1/13 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy 2 x week x 4 weeks, Acupuncture 1 x week x 4 weeks, and Chiropractor 1 x week x 4 weeks. Diagnoses include cervical, thoracic, and lumbar sprain; vertigo; and lumbar radiculopathy. Conservative care has included medications, therapy, and modified activities/rest. Medications list Ultracet, Anaprox, Venlafaxine, Ipratropium bromide nasal solution, Prilosec, and Venlafaxine. Report of 3/3/14 from the provider noted the patient with chronic ongoing constant neck pain radiating to the head with hearing loss, memory loss; low back pain radiating to the buttocks; shoulder pain radiating to the neck; and ankle pain with swelling. Exam showed diffuse tenderness and spasm over the cervical and lumbar region; positive SLR and Rhomberg testing. The request(s) for Physical Therapy 2 x week x 4 weeks, Acupuncture 1 x week x 4 weeks, and Chiropractor 1 x week x 4 weeks were non-certified on 4/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x week x 4 weeks: 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 Therapy Physical Medicine Guidelines Page(s): 98-99.

Decision rationale: This patient sustained an injury on 8/1/13 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy 2 x week x 4 weeks, Acupuncture 1 x week x 4 weeks, and Chiropractor 1 x week x 4 weeks. Diagnoses include cervical, thoracic, and lumbar sprain; vertigo; and lumbar radiculopathy. Conservative care has included medications, therapy, and modified activities/rest. Medications list Ultracet, Anaprox, Venlafaxine, Ipratropium bromide nasal solution, Prilosec, and Venlafaxine. Report of 3/3/14 from the provider noted the patient with chronic ongoing constant neck pain radiating to the head with hearing loss, memory loss; low back pain radiating to the buttocks; shoulder pain radiating to the neck; and ankle pain with swelling. Exam showed diffuse tenderness and spasm over the cervical and lumbar region; positive SLR and Rhomberg testing. The request(s) for Physical Therapy 2 x week x 4 weeks, Acupuncture 1 x week x 4 weeks, and Chiropractor 1 x week x 4 weeks were non-certified on 4/25/14. The patient has received at least 16 PT visits and 8 acupuncture visits to date. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The patient is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support treatment request. Submitted reports have not adequately demonstrated the support of further physical therapy without noted acute new injuries or change in clinical presentation for this chronic injury. The Physical Therapy 2 x week x 4 weeks is not medically necessary and appropriate.

Acupuncture 1 x week x 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient sustained an injury on 8/1/13 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy 2 x week x 4 weeks, Acupuncture 1 x week x 4 weeks, and Chiropractor 1 x week x 4 weeks. Diagnoses include cervical, thoracic, and lumbar sprain; vertigo; and lumbar radiculopathy. Conservative care has included medications, therapy, and modified activities/rest. Medications list Ultracet, Anaprox, Venlafaxine, Ipratropium bromide nasal solution, Prilosec, and Venlafaxine. Report of 3/3/14 from the provider noted the patient with chronic ongoing constant neck pain radiating to the head with hearing loss, memory loss; low back pain radiating to the buttocks; shoulder pain radiating to the neck; and ankle pain with swelling. Exam showed diffuse tenderness and spasm over the cervical and lumbar region; positive SLR and Rhomberg testing. The request(s) for Physical Therapy 2 x week x 4 weeks, Acupuncture 1 x week x 4 weeks, and Chiropractor 1 x week x 4 weeks were non-certified on 4/25/14. The patient has received at least 16 PT visits and 8

acupuncture visits to date. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Review indicated the patient has received at least 8 prior sessions of acupuncture; however, submitted reports have not clearly demonstrated any functional benefit or pain relief derived from prior treatment and have not demonstrated medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The Acupuncture 1 x week x 4 weeks is not medically necessary and appropriate.

Chiropractor 1 x week x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation, Treatment Page(s): 58-60.

Decision rationale: This patient sustained an injury on 8/1/13 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy 2 x week x 4 weeks, Acupuncture 1 x week x 4 weeks, and Chiropractor 1 x week x 4 weeks. Diagnoses include cervical, thoracic, and lumbar sprain; vertigo; and lumbar radiculopathy. Conservative care has included medications, therapy, and modified activities/rest. Medications list Ultracet, Anaprox, Venlafaxine, Ipratropium bromide nasal solution, Prilosec, and Venlafaxine. Report of 3/3/14 from the provider noted the patient with chronic ongoing constant neck pain radiating to the head with hearing loss, memory loss; low back pain radiating to the buttocks; shoulder pain radiating to the neck; and ankle pain with swelling. Exam showed diffuse tenderness and spasm over the cervical and lumbar region; positive SLR and Rhomberg testing. The request(s) for Physical Therapy 2 x week x 4 weeks, Acupuncture 1 x week x 4 weeks, and Chiropractor 1 x week x 4 weeks were non-certified on 4/25/14. The patient has received at least 16 PT visits and 8 acupuncture visits to date. MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From records review, it is unclear how many sessions have been completed. Per medicals reviewed, the patient has received a significant quantity of therapy sessions for the chronic symptom complaints without demonstrated functional improvement from treatment already rendered. There is no report of acute flare-ups, red-flag conditions or new clinical findings to support continued treatment consistent with guidelines criteria. The Chiropractor 1 x week x 4 weeks is not medically necessary and appropriate.