

Case Number:	CM14-0012775		
Date Assigned:	02/21/2014	Date of Injury:	09/28/2012
Decision Date:	03/23/2015	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 39 year old male, who sustained an industrial injury on 9/28/12. He has reported forehead pain and intermittent blurry vision. The diagnoses have included occipital neuralgia. Treatment to date has included physical therapy, CT scan of the head, chiropractic sessions, acupuncture and oral medications. As of the progress note dated 10/9/13, the injured worker reports persistent pain in the head. He does not want to try occipital nerve blocks, but is willing to try physical therapy again. There are no physical therapy notes in the case file. The progress note from 8/23/13 states that the injured worker tried acupuncture but that did not help. The treating physician is requesting physical therapy x 6 sessions for the head and acupuncture x 6 sessions for the head. On 1/2/14 Utilization Review non-certified a request for physical therapy x 6 sessions for the head and acupuncture x 6 sessions for the head. The UR physician cited the MTUS guidelines for acupuncture and medical necessity. On 1/31/14, the injured worker submitted an application for IMR for review of physical therapy x 6 sessions for the head and acupuncture x 6 sessions for the head.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (6-sessions for the head): Upheld

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

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. The injured worker has been injured for over two years and has had physical therapy previously. The amount of physical therapy completed is not reported. The status of a home exercise program is not reported. It would be expected that the injured worker would have implemented a home exercise program following physical therapy. The home exercise program can be monitored and encouraged by the primary treating physician. There is no indication that additional physical therapy is necessary at this time as the total amount of therapy is not reported, benefit from prior therapy is not reported, and the status of the home exercise program is not reported. The request for Physical Therapy (6-sessions for the head) is determined to not be medically necessary.

Acupuncture (6-sessions for the head): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain to improve function. The recommended time to produce functional improvement is 3 to 6 sessions at a frequency of 1 to 3 times per week over 1 to 2 months. Additional treatments may be necessary if there is documented functional improvement as a result to the trial of 3 to 6 sessions. The injured worker has had acupuncture treatments previously without benefit. Additional acupuncture is not medically necessary following an unsuccessful trial of acupuncture. The request for Acupuncture (6-sessions for the head) is determined to not be medically necessary.