MAXIMUS Federal Services

Case Number:	CM14-0197458		
Date Assigned:	12/05/2014	Date of Injury:	10/27/2011
Decision Date:	01/22/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/24/2014

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 Family Practice, 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 33 years old male/female patient who sustained an injury on 10/27/2014. The current diagnoses include cervical pain, cervical radiculopathy, shoulder pain, lumbar pain and lumbar radiculopathy. Per the doctor's note dated 10/15/14, she had complaints of neck pain, shoulder pain, low back pain and leg pain with tingling and numbness. The physical examination revealed mild tenderness and mild decreased range of motion in extension and right/left lateral bending in cervical and lumbar spine; intact sensation in bilateral upper and lower extremities. Patient has tried Celebrex, ibuprofen, Neurontin, Medrol dose pack, Norco, Percocet, Flexeril, soma, Zanaflex, valerian, melatonin, Ambien, Lunesta and Elavil. She has had cervical CT scan dated 2/26/2014 which revealed normal examination of interbody fusion at C5-6 and intact C6-7 hardware; CT lumbar spine dated 2/26/2014 which revealed normal examination with post anterior inter body fusion at L4-5 and L5-S1; lumbar MRI dated 1/21/2014 which revealed post-operative changes; cervical MRI dated 1/21/14 which revealed mild disc desiccation at C6-7. She had undergone lumbar hybrid arthroplasty on 11/7/2012 and cervical arthroplasty on 7/27/12. She has had physical therapy, acupuncture therapy visits and cervical and lumbar epidural steroid injections for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 times 1 month, for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: Per the cited guidelines regarding chiropractic treatment "Elective/maintenance cares-Not medically necessary." "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." Patient has had physical therapy visits and acupuncture visits for this injury. Response to prior conservative therapy is also not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Chiropractic therapy 2 times 1 month, for the cervical spine is not fully established for this patient.

Physical therapy 2 times 1 month, for the cervical spine: Upheld

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

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

Decision rationale: The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. He has had physical therapy visits and acupuncture visits for this injury. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical therapy 2 times 1 month, for the cervical spine is not established for this patient at this time.

Acupuncture 2 times 1 month, for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture medical treatment guidelines cited below state that ""Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be

used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain.The medical records provided do not specify any intolerance to pain medications. The records submitted contain no accompanying current physical therapy/acupuncture evaluation for this patient. Response to previous conservative therapy including physical therapy and acupuncture therapy visits is not specified in the records provided. There is no evidence of significant progressive functional improvement from the previous acupuncture therapy visits that is documented in the records provided. The medical necessity of Acupuncture 2 times 1 month, lumbar is not fully established for this patient at this juncture.

Physical therapy 2 times 1 month, for the lumbar spine: Upheld

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

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

Decision rationale: The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. He has had physical therapy visits and acupuncture visits for this injury. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical therapy 2 times 1 month, for the lumbar spine is not established for this patient at this time.