MAXIMUS Federal Services

Case Number:	CM14-0197711		
Date Assigned:	12/08/2014	Date of Injury:	04/27/2009
Decision Date:	01/22/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/25/2014

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, has a subspecialty in Interventional Spine 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 42-year old female with an injury date of 04/27/09. Based on the 07/21/14 progress report, the patient complains of left arm numbness. Her cervical spine is positive for spasm and tenderness. She has a decreased range of motion. Her lumbar spine also has spasms, tenderness, and a decreased range of motion. The patient's diagnoses include the following: Cervical spine herniated nucleus pulposus. Lumbar spine herniated nucleus pulposus. The utilization review determination being challenged is dated 11/14/14. There was one treatment report provided from 07/21/14 which was brief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 for the lumbar/cervical:

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines 9792.24.1 Page(s): 8.

Decision rationale: According to the 07/21/14 report, the patient presents with left arm numbness as well as spasm, tenderness, and a decreased range of motion in both her cervical and

lumbar spine. The request is for Acupuncture 2 X 6 for the Lumbar/Cervical Spine. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. In this case, the patient has had one session of acupuncture on 08/13/14. The 08/13/14 acupuncture report states that the "patient complains of radicular pain to the RLE from her lower back. Pain is an 8/10. ROM is limited due to pain and stiffness." There are no discussions provided on the impact acupuncture had on the patient. Given the absence of documentation of functional improvement as defined and required by MTUS guidelines, additional sessions of acupuncture cannot be reasonably warranted as a medical necessity. The requested additional acupuncture for the lumbar/cervical spine is not medically necessary.

Physical therapy 1 x 6: 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 Medicine Page(s): 98-99.

Decision rationale: According to the 07/21/14 report, the patient presents with left arm numbness as well as spasm, tenderness, and a decreased range of motion in both her cervical and lumbar spine. The request is for physical therapy 1 X 6. MTUS pages 98, 99 have the following: Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, it appears as though the patient has had two sessions of therapy from 07/29/14 and 08/04/14. The 08/04/14 physical therapy report states that the patient's "lower back felt a little better after last PT but later her upper back and neck flared up; she is not sure if it was at all related to PT treatment; now lower back pain returned. There are no other discussions provided regarding the impact physical therapy had on the patient's pain and function. Given the absence of documentation of functional improvement as defined and required by MTUS guidelines, additional sessions of physical therapy cannot be reasonably warranted as a medical necessity. The requested additional physical therapy for the lumbar/cervical spine is not medically necessary.

Consult w/ Neurologist [redacted]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Independent Medical Examinations and Consultations, Chapter 7, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127, Consult

Decision rationale: According to the 07/21/14 report, the patient presents with left arm numbness as well as spasm, tenderness, and a decreased range of motion in both her cervical and lumbar spine. The request is for Consult with Neurologist [redacted]. ACOEM Practice Guidelines, Second Edition (2004), page 127 has the following; the occupational health practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Report dated 9/19/14 states that the patient has "pressure ulcer, stage 111. In this case, the physician does not provide a reason for this request. Unfortunately, only one report was provided for this review and it did not contain any information indicating a need for such a referral. Therefore, the requested consult with neurologist [redacted] is not medically necessary.