MAXIMUS Federal Services

Case Number:	CM14-0198833		
Date Assigned:	12/09/2014	Date of Injury:	03/08/2013
Decision Date:	02/27/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/26/2014

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, Indiana, New York
Certification(s)/Specialty: Internal 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 (IW) is a 62-year-old woman with a date of injury of March 8, 2013. The mechanism of injury occurred as a result of a fall. She struck the left knee on the edge of the table and fell on her back. The current diagnoses are cervicothoracic strain and arthrosis; lumbosacral strain and arthrosis discopathy with central and foraminal stenosis; status post left knee contusion, resolved; status post left leg abrasion, resolved. Pursuant to a progress note dated October 29, 2014, the IW presented for a follow-up. She has completed supervised physical therapy (PT) for the cervical and lumbar spine along with acupuncture treatment with benefit. The IW would like to receive more PT and acupuncture as she still has intermittent back and neck pain. Examination of the lumbar spine revealed tenderness to palpation in the midline at L4 to S1. Examination of the cervical spine revealed decreased range of motion. Foraminal compression test and Spurling's test was negative bilaterally. The current request is for additional; acupuncture treatments with electrical stimulation, twice weekly for 3 weeks, lumbar and cervical spine; and additional physical therapy, twice weekly for 6 weeks, lumbar and cervical spine.On page 23 of the submitted medical record, there is a Supplemental Report by [redacted] He reports that he received a copy of the Utilization denial in regards to the requested acupuncture and physical therapy. The provider states, "I find myself in agreement with the reviewer. Without objective evidence of improvement with the previous acupuncture, further visits do not make sense. Additionally, at this point, the patient should be independent with a home exercise program provided by physical therapy. This request was made by my Physician's Assistant. However, after reviewing the electronic medical record, I agree with the

reviewer, I will withdrawal my request, at this point, for further physical therapy and acupuncture".

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture treatment with electrical stimulation twice weekly for three weeks for the lumbar and cervical spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG); Low Back/Neck/ Acupuncture.

Decision rationale: Pursuant to the Official Disability Guidelines, additional acupuncture treatment with electrical stimulation twice per week for three weeks for the lumbar and cervical spine is not medically necessary. Acupuncture is not recommended for acute low back pain. It is recommended as an option for chronic low back pain using the short course of treatment in conjunction with other interventions. The Official Disability Guidelines enumerate the frequency and duration of acupuncture. Initial trial of 3 to 4 visits over two weeks; with evidence of objective functional improvement total of up to 8 to 12 visits over 4 to 6 weeks. In this case, the injured worker's working diagnoses are cervical thoracic strain/arthrosis; lumbosacral strain/arthrosis; status post left knee contusions, resolved; status post left leg abrasion, resolved. There is no documentation of objective functional improvement in the medical record. The documentation in the medical record contains a progress note dated November 24, 2014 by Dr. Timothy Hunt, the orthopedic treating physician. In this supplemental report he states "I have received a copy of the utilization denial. This is in regards to the denials for further acupuncture and physical therapy. I find myself in agreement with the reviewer. Without objective evidence of improvement with the previous acupuncture the visits do not make sense. Additionally, the patient should be independent with a home exercise program provided by physical therapy. This request was made by a physician's assistant. I will withdraw my request for further physical therapy and acupuncture. Consequently, based on the documentation by the treating orthopedic surgeon, additional acupuncture treatments with electrical stimulation twice per week for three weeks for the lumbar and cervical spine is not medically necessary.

Additional physical therapy twice weekly for six weeks for the lumbar and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 10/28/14), Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back/Neck, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy twice weekly for six weeks for the lumbar and cervical spine are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). In this case, the injured worker's working diagnoses are cervical thoracic strain/arthrosis; lumbosacral strain/arthrosis; status post left knee contusions, resolved; status post left leg abrasion, resolved. There is no documentation of objective functional improvement in the medical record. The documentation in the medical record contains a progress note dated November 24, 2014, [redacted], the orthopedic treating physician. In this supplemental report he states "I have received a copy of the utilization denial. This is in regards to the denials for further acupuncture and physical therapy. I find myself in agreement with the reviewer. Without objective evidence of improvement with the previous acupuncture the additional visits do not make sense. Additionally, the patient should be independent with a home exercise program provided by physical therapy. This request was made by a physician's assistant. I will withdraw my request for further physical therapy and acupuncture. Consequently, based on the documentation by the treating orthopedic surgeon, additional physical therapy twice weekly for six weeks for the lumbar and cervical spine are not medically necessary.