

Case Number:	CM15-0001930		
Date Assigned:	01/12/2015	Date of Injury:	06/08/2011
Decision Date:	03/17/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/05/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 43 year old female who sustained an industrial related injury on 6/8/11. A physician's report dated 12/2/14 the injured worker had complaints of cervical and lumbar spine pain. Ongoing numbness was noted. The injured worker had completed 12 sessions of physical therapy, 15 sessions of acupuncture, and underwent an L5-S1 microdiscectomy followed by a redo microdiscectomy. The injured worker noted acupuncture treatments had been beneficial for the cervical spine only. Physical therapy was noted to have provided 30% improvement in pain and range of motion. A bilateral L5-S1 transforaminal epidural steroid injection was administered on 8/22/13 with 80% improvement of symptoms. The injured worker was taking advil and tylenol for pain. There was documentation of multiple medication adverse effects. Diagnoses included cervicgia with upper extremity pain and paresthesia, lumbar spine sprain/strain with bilateral lower extremity radicular symptoms, bilateral wrist and knee contusions, depression due to chronic pain, neurogenic bladder, and multiple failed oral medication trails. On 12/18/14 the treating physician requested authorization for acupuncture x15 for the lower back, acupuncture x15 for the neck, and physical therapy 2x4 for the cervical spine. On 12/12/14 the requests for acupuncture were modified and the request for physical therapy was non-certified. Regarding physical therapy 2x4 for the cervical spine the utilization review (UR) physician cited the American College of Occupational and Environmental Medicine guidelines and noted there was no documentation identifying why an independent home exercise program would be insufficient to address any remaining functional deficits. Regarding acupuncture treatments for the neck and lower back the UR physician cited the Acupuncture

Medical Treatment Guidelines and noted in addition to the acupuncture treatments already completed additional acupuncture treatments would exceed guideline recommendations. The requests were modified to 9 acupuncture sessions for the neck and 9 acupuncture sessions for the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 15 to lower back: 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 when pain medication is not tolerated or can be reduced with this treatment. It can also be used alongside rehabilitation and/or surgery to speed recovery. Some accepted goals include a decreased pain level, improved nausea caused by pain medications, increased range of joint motion, improved relaxation with anxiety, and reduced muscle spasms. Acupuncture treatment can include the use of electrical stimulation. Functional improvement is expected within three to six treatments. The Guidelines support having acupuncture treatments one to three times per week for up to one to two months. The submitted and reviewed documentation indicated the worker was experiencing neck and upper back tightness, arm pain and numbness, and problems sleeping. The worker had completed fifteen sessions of acupuncture with modest improvement in the past. The reviewed records did not specify the goals of treatment or describe special circumstances that sufficiently supported the use of more acupuncture sessions than is generally supported by the Guidelines. In the absence of such evidence, the current request for fifteen sessions of acupuncture for lower back symptoms is not medically necessary.

Acupuncture x 15 to neck: 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 when pain medication is not tolerated or can be reduced with this treatment. It can also be used alongside rehabilitation and/or surgery to speed recovery. Some accepted goals include a decreased pain level, improved nausea caused by pain medications, increased range of joint motion, improved relaxation with anxiety, and reduced muscle spasms. Acupuncture treatment can include the use of electrical stimulation. Functional improvement is expected within three to six treatments. The Guidelines support having acupuncture treatments one to three times per week for up to one to two months. The submitted and reviewed documentation indicated the worker was experiencing neck and upper back tightness, arm pain and numbness, and problems sleeping.

The worker had completed fifteen sessions of acupuncture with modest improvement in the past. The reviewed records did not specify the goals of treatment or describe special circumstances that sufficiently supported the use of more acupuncture sessions than is generally supported by the Guidelines. In the absence of such evidence, the current request for fifteen sessions of acupuncture for neck symptoms is not medically necessary.

Physical therapy 2 x 4 cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted and reviewed documentation indicated the worker was experiencing neck and upper back tightness, arm pain and numbness, and problems sleeping. The worker had completed twelve sessions of physical therapy with modest improvement. There was no discussion describing the reason additional physical therapy sessions were needed or the expected benefit(s) compared with a home exercise program. In the absence of such evidence, the current request for physical therapy sessions twice weekly for four weeks is not medically necessary.