

Case Number:	CM15-0004497		
Date Assigned:	01/15/2015	Date of Injury:	10/28/2013
Decision Date:	05/05/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/08/2015

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: Texas, New York, 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 applicant is a represented 53-year-old who has filed a claim for chronic low back, shoulder, neck, and hip pain reportedly associated with an industrial injury of October 28, 2013. In a Utilization Review report dated December 12, 2014, the claims administrator failed to approve a request for physical therapy and acupuncture. A RFA form dated December 6, 2014 was referenced in the determination, along with progress note of November 13, 2014. In a RFA form dated December 5, 2014, eight sessions of physical therapy and eight sessions of acupuncture were proposed. In an associated progress note of November 3, 2014, the applicant reported ongoing complaints of neck, low back, and hip pain. Additional physical therapy and acupuncture were continued while the applicant was placed off of work, on total temporary disability, Naprosyn, Ultracet, and Prilosec were also continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x wk x 4wks: Upheld

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

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

Decision rationale: No, the request for eight sessions of physical therapy was not medically necessary, medically appropriate or indicated here. While page 99 of MTUS Chronic Pain Medical Treatment Guidelines does recommend an 8- to 10-session course treatment for radiculitis, the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, on total temporary disability, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. The applicant remained dependent on opioid agents such as Ultracet. Earlier physical therapy had, in short, failed to generate any lasting benefit or functional improvement in terms of the parameters established in MTUS 9792.20f. Therefore, the request was not medically necessary.

Acupuncture 2 x wk x 4wks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Similarly, the request for eight sessions of acupuncture was likewise not medically necessary, medically appropriate or indicated here. The request in question likewise represented a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d acknowledged that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f, in this case, however, there was no such demonstration of functional improvement as defined in section 9792.20f. The applicant was off work, on total temporary disability, as of the date the request. The applicant remained dependent on opioids agent such as Ultracet, it was acknowledged on the November 13, 2014 office visit on which additional acupuncture was proposed. Therefore, the request was not medically necessary.