

Case Number:	CM15-0145557		
Date Assigned:	08/06/2015	Date of Injury:	08/01/2013
Decision Date:	09/24/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/27/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old female who sustained an industrial injury on 8-1-13. Progress report dated 1-14-15 reports continued complaints of intermittent, moderate, stabbing neck pain and stiffness with numbness and tingling with prolonged looking up and down, rated 5 out of 10. She has complaints of intermittent, moderate upper and mid back pain and stiffness, rated 5 out of 10. She also has complaints of intermittent, moderate low back pain and stiffness with numbness and tingling associated with prolonged sitting, standing and walking, rated 6 out of 10. Diagnoses include cervical radiculopathy, cervical sprain and strain, thoracic sprain and strain, lumbar radiculopathy and lumbar sprain and strain. Plan of care includes: request physical therapy and acupuncture 1-2 times per month as needed to increase range of motion and decrease pain and spasm. Work status: return to full duty. Follow up with primary treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x 6 lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The current request is for Acupuncture 1 x 6 lumbar spine. The RFA is not provided in the medical file. Treatment history is not provided. The patient has return to full duty with no limitations. MTUS Guidelines, Acupuncture section, page 13 states: See Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section... This section addresses the use of acupuncture for chronic pain in the workers' compensation system in California. The MTUS/Acupuncture Medical Treatment Guidelines (Effective 7/18/09) state that there should be some evidence of functional improvement within the first 3-6 treatments. The guidelines state if there is functional improvement, then the treatment can be extended. Per report 01/14/15, the patient presents with neck and lower back pain, rated 5-6/10. Diagnoses include cervical radiculopathy, cervical sprain and strain, thoracic sprain and strain, lumbar radiculopathy and lumbar sprain and strain. The treater recommended Acupuncture to increase ROM and decrease pain/spasm. This is the only report provided for review. The medical file provides no discussion of prior treatments. In this case, the patient presents with pain and has returned to full duty with no limitations. Given the patient's date of injury of 08/01/13, it is possible she has tried this treatment modality. In any case, there is no documentation of acupuncture provided and given the patient's pain, the requested 6 treatment of Acupuncture are reasonable and indicated by Guidelines. This request IS medically necessary.

Physical therapy 1 x 6 lumbar spine: Overturned

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

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

Decision rationale: The current request is for Physical therapy 1 x 6 lumbar spines. The RFA is not provided in the medical file. Treatment history is not provided. The patient has return to full duty with no limitations. The MTUS Chronic Pain Management Guidelines, PHYSICAL MEDICINE, pages 98, 99 has 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." Per report 01/14/15, the patient presents with neck and lower back pain, rated 5-6/10. Diagnoses include cervical radiculopathy, cervical sprain and strain, thoracic sprain and strain, lumbar radiculopathy and lumbar sprain and strain. The treater recommended PT to increase ROM and decrease pain/spasm. This is the only report provided for review. The medical file provides no discussion of prior treatments. In this case, the patient presents with pain and has returned to full duty with no limitations. Given the patient's date of injury of 08/01/13, it is possible she has tried this treatment modality. In any case, there is no documentation of PT provided and given the patient's pain, the requested 6 PT sessions are reasonable and indicated by Guidelines. This request IS medically necessary.