

Case Number:	CM15-0145838		
Date Assigned:	08/06/2015	Date of Injury:	01/05/2014
Decision Date:	09/03/2015	UR Denial Date:	07/22/2015
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, 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 is a 45 year old female, who sustained an industrial injury on 1-5-14. The injured worker has complaints of cervical spine pain with right upper extremity radicular pain with stiffness and limited mobility. The documentation noted that the injured worker has complaints of thoracic and lumbar spine pain with right lower extremity radicular pain. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified; neck sprain; degeneration of cervical intervertebral disc and other and unspecified disorders of back. Treatment to date has included physical therapy and acupuncture. The request was for physical therapy 2X2 weeks, quantity four and acupuncture times six.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x2, QTY: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, physical therapy guidelines; Low Back, physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times two weeks, #4 is 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). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical spine sprain strain, thoracic spine sprain strain, DVD, T6 canal stenosis; and lumbar spine sprain strain, bilateral lower extremity radiculopathy, DVD, facet degeneration. Date of injury is January 5, 2014. Request for authorization is July 7, 2015. According to an AME performed February 20, 2015, the injured worker received acupuncture and physical therapy both of which helped. There were no specifics in terms of total number of physical therapy sessions to date and objective functional improvement. There were multiple requests and denials for physical therapy and acupuncture. According to a July 1, 2015 progress note, subjectively the injured worker complains of cervical spine pain 8/10 and lumbar/thoracic pain 8/10. Objectively, it was tenderness to palpation. As noted above, the total number of physical therapy sessions to date are not specified. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Consequently, absent clinical documentation of prior physical therapy to date, total number of physical therapy sessions and objective functional improvement, physical therapy two times per week times two weeks, #4 is not medically necessary.

Acupuncture x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture treatment.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture times six is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of three - four visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are cervical spine sprain strain, thoracic spine sprain strain, DVD, T6 canal stenosis; and lumbar spine sprain strain, bilateral lower extremity radiculopathy, DVD, facet degeneration. Date of injury is January 5, 2014. Request for authorization is July 7, 2015. According to an AME performed February 20,

2015, the injured worker received acupuncture and physical therapy both of which helped. There were no specifics in terms of total number of acupuncture sessions to date and objective functional improvement. There were multiple requests and denials for physical therapy and acupuncture. According to a July 1, 2015 progress note, subjectively the injured worker complains of cervical spine pain 8/10 and lumbar/thoracic pain 8/10. Objectively, there was tenderness to palpation. As noted above, the total number of acupuncture sessions to date are not specified. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional acupuncture over the recommended guidelines is clinically indicated. Consequently, absent clinical documentation of prior acupuncture, total number of acupuncture sessions and documentation demonstrating objective functional improvement, acupuncture times six is not medically necessary.