

Case Number:	CM15-0164373		
Date Assigned:	09/01/2015	Date of Injury:	03/08/2012
Decision Date:	10/05/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/21/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 67 year old female, who sustained an industrial injury on 3-08-2012. Diagnoses include lumbar sprain-strain rule out herniated nucleus pulposus, cervical sprain-strain rule out herniated nucleus pulposus, and right shoulder impingement. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), medications, physical therapy, acupuncture, chiropractic, epidural steroid injection (1-22-2015), TENS and home exercise. Per the Primary Treating Physician's Progress Report dated 6-30-2015, the injured worker reported chronic cervical spine pain and a flare up of lumbar spine pain. Pain in the cervical spine is rated as 5 out of 10 and pain in the lumbar spine is rated as 8 out of 10. Physical examination of the cervical spine revealed muscle spasm. The plan of care included, and authorization was requested for acupuncture (2x4) and physiotherapy (3x6).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 2 times weekly for 4 weeks, per 06/30/2015 order, quantity: 8 sessions:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker, it was unclear from the documents provided for review as to whether this was a request for a first time trial or for continued acupuncture as there was no report found which disclosed how effective prior sessions were and no comment about this being a first time trial. Due to the lack of clarity, no evidence of prior benefit, and the request being for more than the recommended number of sessions for a first time trial, this request for 8 sessions of acupuncture is not medically necessary.

Physiotherapy, 3 times weekly for 6 weeks, per 06/30/2015 order, quantity: 18 sessions:
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 section, pages 98-99.

Decision rationale: Physical therapy in the form of passive therapy for the lower back and neck is recommended by the MTUS Guidelines as an option for chronic pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myalgia-type pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, there was limited information provided in the review regarding prior physical therapy sessions. The record did mention that there was some benefit from prior physical therapy, however, no other required details were provided such as measurably how effective these sessions were, for which body area, how many completed sessions, and ability and effectiveness of home exercises. There was no evidence to suggest this worker, was performing regular home exercises, which at this point years after the initial injury seems most appropriate, considering the evidence presented for review. Therefore, the physiotherapy (18 sessions) is not medically necessary.