

Case Number:	CM15-0185571		
Date Assigned:	09/25/2015	Date of Injury:	12/14/2014
Decision Date:	11/02/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 December 14, 2014. Medical records indicate that the injured worker is undergoing treatment for cervical herniated disc, cervical spondylosis without myelopathy, myalgia and myositis, cervical degenerative disc disease, lumbar herniated disc, lumbosacral sprain, right shoulder labral tear and a concussion. The injured worker was noted to be working full duty. On (8-28-15) the injured worker was noted to get pain relief from chiropractic treatments and massage therapy. Examination of the cervical spine revealed a positive Spurling's sign, decreased trapezius muscles and rhomboid muscle spasms and an increased range of motion. Lumbar spine examination revealed spasms and a positive straight leg raise test. Therapy notes (8-13-15, 8-7-15 and 7-31-15) note the injured workers neck and back pain levels to be 4-5 out of 10. The injured worker was noted to be improving with treatment. The injured worker had less pain and more range of motion. Treatment and evaluation to date has included medications, MRI, trigger point injections, chiropractic treatments, acupuncture treatments, cervical epidural steroid injections and physical therapy. A progress noted dated 7-8-15 notes the injured workers current medications include Levothyroxine, Ibuprofen, Excedrin and Cyclobenzaprine. Medications tried and failed include Celebrex. The request for authorization dated 9-2-15 included requests for physical therapy for the cervical spine 2 times a week for 8 weeks (16 sessions) and acupuncture treatments to the cervical spine 2 times a week for 8 weeks (16 sessions). The Utilization Review documentation dated 9-9-15 modified the requests to physical therapy for the cervical spine 1

time a week for 4 weeks (original request 16 sessions) and acupuncture treatments to the cervical spine 1 time a week for 8 weeks (original request 16 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, cervical spine, 2 times a week for 8 weeks (16 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in December 2014 when, she was pushed while assisting in apprehending a suspect and fell from a porch landing on her back and striking her head. She continues to be treated for head, neck, right shoulder, and low back pain. She was seen for a QME on 07/08/15. Recommendations included following up with her treating orthopedic provider and acupuncture and physical therapy at two times per week for eight weeks for symptom flare-ups. From 07/09/15 through 08/13/15, there were six treatments. Prior to that, from 02/23/15 through 04/30/15 five treatments had been provided. When seen by the requesting provider in August 2015, there had been relief with treatments. Physical examination findings included increased cervical spine range of motion. There was decreased trapezius and rhomboid muscle spasm. Spurling's testing and straight leg raising were positive. There was lumbar paraspinal muscle spasm. Authorization was requested for an additional 16 acupuncture and 16 physical therapy treatments. The claimant is being treated for chronic pain with no new injury and has recently had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program and does not reflect a fading of treatment frequency. The request is not medically necessary.

Acupuncture, cervical spine, 2 times a week for 8 weeks (16 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The claimant sustained a work injury in December 2014 when, she was pushed while assisting in apprehending a suspect and fell from a porch landing on her back and striking her head. She continues to be treated for head, neck, right shoulder, and low back pain. She was seen for a QME on 07/08/15. Recommendations included following up with her treating orthopedic provider and acupuncture and physical therapy at two times per week for eight weeks

for symptom flare-ups. From 07/09/15 through 08/13/15, there were six treatments. Prior to that, from 02/23/15 through 04/30/15 five treatments had been provided. When seen by the requesting provider in August 2015, there had been relief with treatments. Physical examination findings included increased cervical spine range of motion. There was decreased trapezius and rhomboid muscle spasm. Spurling's testing and straight leg raising were positive. There was lumbar paraspinal muscle spasm. Authorization was requested for an additional 16 acupuncture and 16 physical therapy treatments. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the number and duration of treatments being requested is in excess of guideline recommendations. Although improved range of motion and decreased cervical and trapezius muscle spasms is documented, there is no evidence of functional improvement. The requested acupuncture treatments were not medically necessary.