

Case Number:	CM15-0187042		
Date Assigned:	09/29/2015	Date of Injury:	12/01/2014
Decision Date:	12/01/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/23/2015

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 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 60 year old female, who sustained an industrial injury on 12-1-14. The injured worker is being treated for emotional headache, cervical musculoligamentous injury, cervical myofascitis, cervical disc protrusion with bilateral nerve root compromise, left hand contusion and psych component. Treatment to date has included 7 physical therapy visits, home exercise program and activity modifications. On 8-20-15, the injured worker complains of occasional minimal to mild achy headache rated 1-2 out of 10; minimal to mild achy neck pain rated 1-2 out of 10 and stiffness radiating to bilateral shoulder and constant mild achy left hand pain and stiffness rated 3 out of 10. She is currently not working. Physical exam performed on 8-20-15 revealed muscle spasm of the cervical paravertebral muscles, tenderness to palpation of the cervical paravertebral muscles and shoulder depression causes bilateral pain. A request for authorization was submitted on 8-20-15 for continued physical therapy 3 times per week for 6 weeks, functional capacity evaluation, referral to neurologist and kinetic activities. Documentation did not include functional improvement from previous physical therapy. On 8-25-15 requests for 18 physical therapy visits, kinetic activities, functional capacity evaluation and referral to neurologist were non-certified by utilization review and 18 acupuncture treatments were modified to 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue physical therapy 3 times a week for 6 weeks including kinetic activities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter.

Decision rationale: MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. MTUS and ODG guidelines recommend 10 physical therapy visits over 8 weeks for medical management of neck sprains and strains and intervertebral disc disorders without myelopathy. As time goes, one should see an increase in the active regimen of care or decrease in the passive regimen of care, with a fading of treatment frequency (from up to 3 or more visits per week to 1 or less). When the treatment duration and/or number of visits exceed the guidelines, exceptional factors should be noted. At the time additional outpatient physical therapy was prescribed, the injured worker had completed at least 22 visits with no evidence of objective functional improvement. Given that this injured worker has completed an initial course of physical therapy and the lack of physician reports describing specific functional improvement, the medical necessity for further physical therapy has not been established. The request to continue physical therapy 3 times a week for 6 weeks including kinetic activities is not medically necessary based on lack of functional improvement and MTUS.

Referral to functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Programs.

Decision rationale: Per guidelines, Functional Restorative Programs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. They are recommended for patients with conditions that have resulted in delayed recovery. Chart documentation indicates that the injured worker is undergoing active treatment for ongoing headache and neck pain, which at the time of the requested service under review, is reported as minimal to mild. The medical necessity for functional capacity evaluation has not been established, as there is lack of evidence that maximum medical therapy has been reached. The request for Referral to functional capacity evaluation is not medically necessary per guidelines.

Referral to neurologist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: MTUS, ACOEM, Chapter 5, Disability, Referrals, pg 92 MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is functional recovery and return to work. Documentation indicates that the injured worker complains of occasional minimal to mild achy headache. However, at the time of the requested service under review, physician report failed to demonstrate neurological deficits on physical examination or evidence of acute exacerbation of the headaches. The medical necessity for Neurology referral has not been established. The request for Referral to neurologist is not medically necessary.

18 acupuncture treatments: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: Per MTUS, Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. It is only recommended when used as an adjunct to active physical rehabilitation and/or surgical intervention to hasten functional recovery. MTUS does not recommend acupuncture for the treatment of neck pain. The request for 18 acupuncture treatments is not medically necessary.