

Case Number:	CM15-0190070		
Date Assigned:	10/05/2015	Date of Injury:	09/15/2010
Decision Date:	11/12/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/25/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old female with an industrial injury date of 09-15-2010. Medical record review indicates she is being treated for chronic pain syndrome, degenerative joint disease of shoulder region, degeneration of cervical intervertebral disc and lumbar post-laminectomy syndrome. Subjective complaints (08-25-2015) included low back pain radiating to the right lower extremity. The treating physician indicated the injured worker was feeling "worse due to lowered meds." Her pain was rated as 6 out of 10 with and 9 out of 10 without medications. Physical therapy "helped significantly." Other complaints were neck pain radiating to the bilateral upper extremities with weakness and numbness. Activities of daily living are documented as "improve with medication." Medical record review does not indicate specific activities of daily living. Review of treatment notes dated 06-23-2015 and 07-21-2015 document the pain level the same as recorded on 08-25-2015. Work status is documented as "off work." Prior treatment included cortisone injection into shoulders, physical therapy at least 26 visits (per physical therapy notes), medications, trigger point injections and acupuncture (number of visits not indicated). In the 08-25-2015 treatment note the treating physician documented the injured worker had one more acupuncture left and more sessions were requested "since it is helping." Physical exam (08-25-2015) of the cervical spine documented tenderness of the paracervical, the trapezius and the rhomboid bilaterally. Range of motion elicited pain. Thoracic spine exam noted tenderness of the ribs and costal cartilage on the left rib 9, the ribs and costal cartilage on the right at rib 9, the transverse process on the left at thoracic 9 and the transverse process on the right at thoracic 9. Lumbar spine was positive for tenderness of the paraspinal region at lumbar

4, the iliolumbar region, the gluteus maximus and the piriformis. On 08-27-2015 utilization review issued the following decision for the requested treatments: Physical therapy sessions (12) 2 x 6 - Non-certified; Acupuncture visits (12) 2 x 6 - Modified to Acupuncture 6 visits;

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture visits (12) 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS notes frequency and duration of acupuncture or acupuncture may be up to 6 treatments to confirm functional improvement. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). This frequency and duration requested in this request is double that what the guides advise as to what may be initially effective, as only a six session trial is supported by the guidelines. Further, the objective, functional improvement that MTUS requires out of past acupuncture is not evident. The request as submitted was appropriately non-certified under the MTUS Acupuncture criteria.

Physical therapy sessions (12) 2 x 6: 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 rationale: Chronic Pain Medical Treatment Guidelines (Effective July 18, 2009) Page 98 of 127. The records note that physical therapy helped considerably, but there is no documentation of the objective, functional improvement out of said therapy. Further, the MTUS does permit physical therapy only for some chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: "Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient." Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal

relationships, and quality of life in general." A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy is not medically necessary.