

Case Number:	CM15-0196136		
Date Assigned:	10/09/2015	Date of Injury:	12/20/2012
Decision Date:	11/24/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/06/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old female, who sustained an industrial injury on 12-20-2012. She has reported injury to the neck. The diagnoses have included C6-7 herniated nucleus pulposus; and neck pain with upper extremity paresthesia. Treatment to date has included medications, diagnostics, ice, acupuncture, trigger point injections, massage therapy, chiropractic therapy, and physical therapy. Medications have included Advil. A progress report from the treating provider, dated 09-03-2015, documented an evaluation with the injured worker. The injured worker reported continued neck pain which comes and goes; it will be burning and tingling to the left upper arm and typically does not go past the elbow; the pain level today is rated at 2 out of 10 in intensity; this is worse with activity and she does have this at work; she gets this feeling of fullness at the neck and upper back which is how this started; she uses Ibuprofen at night daily and occasionally during the day time; she walks and does some yoga; she has had significant response to acupuncture in the past with greater than 50% improvement in pain; she only had physical therapy directly after her initial injury and was not advanced to self-directed exercise; and she is working full time. Objective documentation included she is alert and oriented and in no apparent distress; mood is calm; speech is clear without sedation; and her gait is erect and independent. The treatment plan has included the request for 6 visits of acupuncture; and 6 visits of physical therapy. The original utilization review, dated 09-29-2015, non-certified the request for 6 visits of acupuncture; and modified the request for 6 visits of physical therapy, to 1 visit of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 visits of Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines recommend continued acupuncture only if functional improvement is objectively documented consistent with MTUS guidelines. The records in this case do not clearly document such functional improvement from past acupuncture. This request is not medically necessary.

6 visits of Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.