

Case Number:	CM15-0198941		
Date Assigned:	10/14/2015	Date of Injury:	07/03/2014
Decision Date:	11/24/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/09/2015

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: Florida
 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 32 year old male, who sustained an industrial injury on 7-3-2014. He reported injuries to the left shoulder, neck, and low back from a motor vehicle accident. A lumbar spine MRI dated 9-14-15, revealed no significant findings. Diagnoses include cervical spine strain-sprain, rule out herniated disc, lumbar sprain-strain, rule out herniated disc, and nightly sleep disturbances. Treatments to date include activity modification, anti-inflammatory, Norco, Naproxen, and unknown number of physical therapy sessions. On 9-15-15, he complained of ongoing pain in the neck, left shoulder, low back, and sleep disturbances. The physical examination documented cervical tenderness, muscle spasticity, decreased range of motion, and positive foraminal compression test and positive distraction test. There were discrepancies noted in sensory and reflex in the upper extremities. The lumbar spine was noted to have tenderness with palpation, muscle spasm, decreased range of motion, and positive Kemp's, Lasegue's, Braggard's, and straight leg raise tests. The lower extremities were noted to have discrepancies in sensory and reflex. The left shoulder was tender with muscle spasm noted, decreased range of motion, and positive Yergason's and Apley's tests. The plan of care included chiropractic therapy, physical therapy, and acupuncture treatments. The appeal requested authorization for 12 chiropractic therapy sessions, three times a week for four weeks; 12 physical therapy sessions, three times a week for four weeks; and 12 acupuncture treatment sessions three times a week for four weeks, all to treat the neck and low back. The Utilization Review dated 9-25-15, modified the request to allow 6 physical therapy sessions and 6 acupuncture treatments sessions, and denied the chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 weeks for neck and back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (updated 06/25/2015) Physical therapy (PT); ODG Low Back (updated 09/22/20215).

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

Decision rationale: 12 physical therapy treatments for the neck and back are being requested. Records state that this patient has previously had an unspecified number of physical therapy treatments. The exact number of treatments or the benefits derived from prior treatment sessions is discussed in the provided records. Likewise, the medical necessity of additional physical therapy treatments cannot be established at this time. Additionally, MTUS guidelines call for fading of treatment frequency with the implementation of home exercise programs. Likewise, this request is not medically necessary.

Chiropractic care 3x4 weeks for neck and back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter (updated 06/25/2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: 12 (3x4 weeks) chiropractic therapy treatments for the neck and back are being requested. MTUS guidelines state regarding chiropractic therapy treatment that for the low back chiropractic therapy is recommended as an option. "Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." This request for 12 chiropractic therapy sessions satisfies MTUS guidelines. Likewise, this request is medically necessary.

Acupuncture 3x4 for neck and back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: In accordance with California MTUS Acupuncture guidelines "(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be

performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e). Section 9792.20 e and f are defined as follows, "(e) "Evidence-based" means based, at a minimum, on a systematic review of literature published in medical journals included in MEDLINE." "(f) "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment." This request is for 12 acupuncture treatments, which exceeds initial guideline recommendations. 3-6 treatments are listed as being able to produce functional improvement, and if functional improvement is seen then additional treatments can be considered. Likewise, this request is not medically necessary.