

Case Number:	CM15-0199139		
Date Assigned:	10/14/2015	Date of Injury:	01/12/2009
Decision Date:	11/23/2015	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: 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 36 year old male, who sustained an industrial injury on 1-12-2009. The injured worker was being treated for status post cervical fusion and chronic neck pain. Medical records (5-18-2015 to 7-20-2015) indicate ongoing shooting pains of the bilateral medial arm and pain in the shoulder blades. The primary treating physician noted that the injured worker was "eager to continue physical therapy." The physical exam (5-18-2015 to 6-30-2015) reveals asymmetry of the neck and shoulders with the head and neck tilting to the left. There was tenderness to palpation in the trapezial area, restricted cervical range of motion, decreased sensation to light touch over the C6 (cervical 6) and C7 (cervical 7) dermatomes, and normal motor strength all upper extremity groups. The physical exam (7-20-2015) reveals a well-healing anterior neck incision that is clean, dry, and intact. The motor strength of the right upper extremity is rated a 5 and of the left upper extremity is rated a 4. There is intact sensation to light touch and pinprick throughout all dermatomes. Per the treating physician (7-20-2015 report), neurodiagnostic data include stable cervical spine hardware positioning. Surgeries to date have included C5-6 (cervical 5-6) artificial disk replacement and C6-7 (cervical 6-7) anterior cervical discectomy and fusion in 2012, a revision of C6-7 anterior cervical discectomy and fusion in 2013, and removal of artificial disk and anterior fusion hardware, cervical 5-6 anterior cervical discectomy and fusion, on 2-18-2015. The medical records refer to prior treatment with physical therapy, but the dates and results of that treatment were not included in the provided medical records. Other treatment has included pain, muscle relaxant, and non-steroidal anti-inflammatory medications. Per the treating physician (7-20-2015 report), the injured worker has not returned to work. The requested treatments included physical therapy 3x6 for the cervical spine and alternative therapy acupuncture 3x6 for the cervical spine. On 9-25-2015, the original utilization review non-certified requests for physical therapy 3x6 for the cervical spine and alternative therapy acupuncture 3x6 for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x6 Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Neck & Upper Back.

Decision rationale: The claimant sustained a work injury in January 2009 as the results of a motor vehicle accident while working as a deputy sheriff, and underwent artificial C5/6 disc removal and C6-7 anterior cervical decompression and fusion in February 2015. His original surgery was done in August 2013. In May 2015, he was referred for 18 sessions of physical therapy. In July 2015, his swallowing difficulty had resolved. He had continued shooting pain into the arms and shoulder blades. He was eager to continue with physical therapy. In September 2015, 18 sessions of physical therapy and 18 acupuncture treatments were requested. After the surgery performed, guidelines recommend up to 24 visits over 16 weeks with a physical medicine treatment period of 6 months. Guidelines recommend an initial course of therapy of one half of this number of visits and, with documentation of functional improvement, a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the requested number of post-operative therapy visits is in excess of accepted guidelines. Review of the claimant's response to the initially prescribed physical therapy with evidence of functional improvement is not documented. There is no specific therapeutic content being requested or documentation of residual impairments. The request is not medically necessary.

Alternative Therapy Acupuncture 3x6 Cervical Spine: 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 January 2009 as the results of a motor vehicle accident while working as a deputy sheriff and underwent artificial C5/6 disc removal and C6-7 anterior cervical decompression and fusion in February 2015. His original surgery was done in August 2013. In May 2015, he was referred for 18 sessions of physical therapy. In July 2015, his swallowing difficulty had resolved. He had continued shooting pain into the arms and shoulder blades. He was eager to continue with physical therapy. In September 2015, 18 sessions of physical therapy and 18 acupuncture treatments were requested. 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 or 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the number of initial treatments requested is in excess of guideline recommendations. The request for acupuncture treatments is not medically necessary.