

Case Number:	CM15-0199808		
Date Assigned:	10/15/2015	Date of Injury:	11/14/2008
Decision Date:	11/23/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/12/2015

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: North Carolina
 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:

This is a 54-year-old female with a date of injury of November 14, 2008. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine musculoligamentous injury, lumbar spine musculoligamentous injury, and muscle spasm. Medical records dated July 8, 2015 indicate that the injured worker complained of intermittent neck pain rated at a level of 8 out of 10 radiating to both shoulders with tingling, and intermittent lower back pain rated at a level of 7 out of 10 radiating to both legs. A progress note dated August 14, 2015 documented complaints similar to those reported on July 8, 2015. Per the treating physician (August 14, 2015), the employee was temporarily very disabled. The physical exam dated July 8, 2015, reveals tenderness to palpation and spasm of the cervical spine with decreased range of motion, and tenderness to palpation and spasm of the lumbar spine with decreased range of motion. The progress note dated August 14, 2015 documented a physical examination that showed similar findings to those on May 13, 2015 with the addition of decreased sensation in the lower extremities at L5-S1 distribution as well as the upper extremities at C4-5 distribution. Treatment has included medications (Gabapentin and Norco) and trigger point injections (last on July 8, 2015). The original utilization review (September 10, 2015) non-certified a request for eight sessions of physical therapy for the cervical and lumbar spine, and eight sessions of acupuncture for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the lumbar and cervical spine 2 times a week for 4 weeks: Overturned

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): Physical Medicine.

Decision rationale: Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. 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. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The goal of physical therapy is graduation to home therapy after a certain amount of recommended sessions. The request is for 8 sessions. This is within recommended guidelines for the treatment of cervical neck pain and therefore the request is medically necessary.

Acupuncture to the lumbar and cervical spine 2 times per week for 4 weeks: 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 rationale: The California chronic pain medical treatment guidelines section on acupuncture states: 1) "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. 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. Frequency and duration of acupuncture with electrical stimulation may be performed as follows: 1. Time to produce functional improvement 3-6 treatments. 2. Frequency: 1-3 times per week. 3. Optimum duration is 1-2 months. 4. Treatments may be extended if functional improvement is documented. The request for acupuncture is for a total of 8 sessions. This is in excess of the recommendations. The patient must demonstrate functional improvement in 3-6 treatments for more sessions to be certified. Therefore, the request is in excess of the recommended initial treatment sessions and not medically necessary.