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| Case Number: | CM15-0207407 | | |
| Date Assigned: | 10/26/2015 | Date of Injury: | 10/18/2014 |
| Decision Date: | 12/09/2015 | UR Denial Date: | 10/01/2015 |
| Priority: | Standard | Application Received: | 10/21/2015 |

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: 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 47 year old female who sustained an industrial injury on 10-18-2014. A review of the medical records indicated that the injured worker is undergoing treatment for cervical sprain and strain with radiculitis, lumbar sprain and strain with radiculitis and right shoulder sprain and strain. The injured worker is status post a gastric bypass on 05-05- 2015. According to the treating physician's progress report on 09-10-2015, the injured worker continues to experience cervical spine pain rated at 3 out of 10 on the pain scale with chiropractic therapy minimally helpful and acupuncture therapy mildly helpful. The right shoulder pain was noted at 2 out of 10 increasing to 4 out of 10 with activities with acupuncture therapy and chiropractic therapy not beneficial. The lumbar spine was a constant ache radiating to the right buttock rated at 4 out of 10 on the pain scale. The injured worker also noted pain in the coccyx. Examination noted an erect posture with a stiff, protective, antalgic gait with difficulty arising from as sitting position. No assistive devices were used. There was mild tenderness of the cervical spine, right shoulder, acromioclavicular joint, superior deltoid, medial and lateral epicondyle. Cervical compression test was negative. Right shoulder Hawkins and Neer's test were positive. Right forearm, elbow and wrist had full range of motion. Motor strength of the right shoulder was 5 out of 5. Thoracic spine and right upper extremity joint magnetic resonance imaging (MRI) performed on 04-08-2015 with official reports were included in the review, According to the progress notes dated 09-10-2015 cervical spine magnetic resonance imaging (MRI) showed a 3mm herniated nucleus pulposus at C5-6, right shoulder magnetic resonance imaging (MRI) was positive for rotator cuff tear and osteoarthritis and

lumbar spine MRI noted multi-level disc desiccation. Electrodiagnostic studies on 06-19-2015 noted mild evidence of right S1 radiculopathy. Prior treatments have included diagnostic testing, chiropractic therapy (12 sessions completed), acupuncture therapy (6 sessions completed), physical therapy (7 sessions completed of 12) and medications. Current medications were not noted however indications on the 09-10-2015 check list noted medications were helping with pain and the injured worker is compliant. Treatment plan consists of referral for orthopedics for shoulder evaluation, coccyx pillow-donut and the current request for acupuncture therapy times 6 and physical therapy for the lumbar area times 6. On 10-01-2015 the Utilization Review determined the request for acupuncture therapy times 6 and physical therapy for the lumbar area times 6 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain to improve function. The recommended time to produce functional improvement is 3 to 6 sessions at a frequency of 1 to 3 times per week over 1 to 2 months. Additional treatments may be necessary if there is documented functional improvement as a result to the trial of 3 to 6 sessions. Per the available documentation, the injured worker has had at least 6 previous acupuncture sessions with only very mild pain relief. She was recently authorized 6 more sessions in August-2015. It is unclear if those sessions have been completed and what the efficacy of the treatments were. The request for acupuncture x 6 is determined to not be medically necessary.

Physical therapy for lumbar x 6: Upheld

Claims Administrator guideline: Decision based on MTUS 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: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, it is unclear how much physical therapy the

injured worker has had in the past. There were 6 sessions authorized in August-2015 but it is unclear how many of these sessions have been completed or what the efficacy of the sessions were. The request for physical therapy for lumbar x 6 is determined to not be medically necessary.