

Case Number:	CM15-0024724		
Date Assigned:	02/17/2015	Date of Injury:	05/22/2013
Decision Date:	03/27/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/09/2015

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: New Jersey
 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 57 year old male who sustained a work related injury on May 22, 2013. There was no mechanism of injury documented. The injured worker was diagnosed with cervical spine degenerative disc disease and cervicgia. According to the primary treating physician's progress report on January 7, 2015, the patient continues to experience left sided neck pain which radiates to the lower back, left arm and left sided headaches. Patient denies any sensory or motor loss. Full range of motion of the neck with minimal limitation turning to the left was documented on examination. Current medications are listed as of Celebrex, Flexeril and topical analgesic. Treatment modalities consist of physical therapy (29 sessions completed) and acupuncture therapy (20 sessions completed) according to Utilization Review documentation. The injured worker is Permanent & Stationary (P&S) and working full duty. The treating physician requested authorization for Acupuncture Therapy, 4 sessions, once a week for 4 weeks; Additional Physical Therapy, 6 sessions, once a week for 6 weeks. On February 3, 2015 the Utilization Review denied certification for Acupuncture Therapy, 4 sessions, once a week for 4 weeks; Additional Physical Therapy, 6 sessions, once a week for 6 weeks. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, American College of Occupational and Environmental Medicine (ACOEM), Acupuncture Medical Treatment Guidelines and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (4-sessions, once a week for 4-weeks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Acupuncture Guidelines

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker, he had already completed at least 20 sessions of acupuncture with recent reports (12/10/14) stating the acupuncture "helps somewhat," however, there was insufficient reporting found in the documentation of any specific functional gains directly related to the prior sessions of acupuncture, which is required in order to justify continuation. Therefore, the 4 additional acupuncture sessions will be considered medically unnecessary.

Physical Therapy (6-sessions, once a week for 6-weeks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 299, 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Physical therapy in the form of passive therapy for the lower back and hip is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back or hip pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had completed 29 sessions of supervised physical therapy for his neck and back areas since his injury, but continued to have persistent pain. There was no clear evidence that the worker was actively participating in a home exercise program for his neck and back, and there was no evidence to suggest that he was unable to perform these home exercises for any reason. The focus on physical medicine at this point should be on the home exercise routine and consistency, and therefore, the request for an additional 6 sessions of supervised physical therapy are not medically necessary.

