MAXIMUS Federal Services

| Case Number: | CM15-0028533 | | |
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| Date Assigned: | 02/20/2015 | Date of Injury: | 08/10/2014 |
| Decision Date: | 04/02/2015 | UR Denial Date: | 01/16/2015 |
| Priority: | Standard | Application Received: | 02/16/2015 |

## 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: Texas, New York, 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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 10, 2014. In a utilization review report dated January 16, 2015, the claims administrator failed to approve a request for acupuncture and physical therapy. An RFA form received on December 9, 2014 was referenced in its determination. The claims administrator also referenced a progress note of October 30, 2014. The claims administrator stated that the applicant had failed to benefit from seven prior sessions of physical therapy. The claims administrator did not clearly state whether the applicant had or had not had prior acupuncture. The applicant's attorney subsequently appealed. On January 13, 2015, the applicant reported ongoing complaints of headaches, neck pain, and arm pain with an ancillary complaint of tinnitus. The applicant was not working but stated that he was looking for work elsewhere. The applicant reported various issues with psychological stress. On December 4, 2014, the applicant was asked to pursue 6 sessions of acupuncture and 12 sessions of physical therapy. The request for 12 sessions of physical therapy was framed as a request for extension of physical therapy. The applicant was still having issues with neck pain and tightness with associated upper extremity paresthesias. Work restrictions were endorsed. The applicant was not, however, working with said limitations in place. The remainder of the file was surveyed. It did not appear that the applicant had prior acupuncture. On October 16, 2014, the applicant was given prescriptions for Ultracet, Flexeril, Prilosec, Xanax, and several topical compounded medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 2X6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 99 of 127.

**Decision rationale:** No, the request for 12 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the primary diagnosis present here. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was/is off work, on total temporary disability, despite receipt of at least seven prior sessions of physical therapy. The applicant remained dependent on various analgesic medications, including tramadol, Flexeril, Xanax, and various topical compounds. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite receipt of at least seven prior sessions of physical therapy. Therefore, the request for an additional 12 sessions of physical therapy was not medically necessary.

**Acupuncture 1x6 weeks Cervical Spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Conversely, the request for six sessions of acupuncture was medically necessary, medically appropriate, and indicated here. The request in question was framed as a first-time request for acupuncture. The Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.c.1 notes that the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. The request, thus, as written, is in line with MTUS parameters. Therefore, the request was medically necessary.