

Case Number:	CM15-0213286		
Date Assigned:	11/03/2015	Date of Injury:	06/03/2008
Decision Date:	12/16/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/29/2015

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: Physical Medicine & Rehabilitation

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 64 year old male who sustained an industrial injury on 9-30-2006. A review of medical records indicates the injured worker is being treated for left shoulder impingement rule out tear and lumbar radiculitis. Medical records dated 9-23-2015 noted left shoulder pain and low back pain. Physical examination of the left shoulder revealed 160 degrees of abduction, 160 degrees of flexion, and 10 degrees of external and internal rotation. Treatment has included physical therapy (amount unknown). Utilization review form dated 10-13-2015 modified physical therapy 2 x a week x 4 weeks and non-certified acupuncture x 6 sessions for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for the neck, 8 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers' Compensation, Online Edition, 2015, Neck an Upper Back (acute & chronic) Chapter.

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

Decision rationale: The current request is for physical therapy 2 times a week for 4 weeks for the neck, 8 sessions. The treatment history includes physical therapy, acupuncture and medications. The patient's work status is not provided. MTUS, Chronic Pain Medical Treatment Guidelines 2009, under Physical Medicine, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per report 09/23/15, the patient presents with neck, left shoulder pain and low back pain. Physical examination of the neck revealed tenderness over the cervical paraspinal region. Per report 03/30/15, the patient has continued shoulder and back pain, and "has undergone physical therapy to his low back and left shoulder." On 06/01/15, the treater noted that "he reports he never had PT for his neck." MTUS allows for 9-10 sessions for complaints of this nature. According to the treater, the patient has not had physical therapy for the cervical spine. Given such, a course of 8 sessions is supported by MTUS. Therefore, the request is medically necessary.

Acupuncture x 6 sessions for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The current request is for acupuncture x6 sessions for the low back. The treatment history includes physical therapy, acupuncture and medications. The patient's work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, page 13 for acupuncture states: "See Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section." This section addresses the use of acupuncture for chronic pain in the workers' compensation system in California. The MTUS/Acupuncture Medical Treatment Guidelines (Effective 7/18/09) state that there should be some evidence of functional improvement within the first 3-6 treatments. The guidelines state if there is functional improvement, then the treatment can be extended. Per report 09/23/15, the patient presents with neck, left shoulder pain and low back pain. Physical examination of the neck revealed tenderness over the cervical paraspinal region. Per report 06/29/15, "Acupuncture- 2 years ago and it helped." The treater recommended additional sessions for the lower back. The number of treatments received to date is not provided. In this case, the treater has not documented a reduction in pain and functional improvement resulting from the prior acupuncture treatments. MTUS guidelines allow 3-6 initial treatments, which can be extended with evidence of functional improvement. Given the lack of documentation as required by MTUS, this request is not medically necessary.