

Case Number:	CM15-0215519		
Date Assigned:	11/24/2015	Date of Injury:	09/09/2008
Decision Date:	12/31/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/02/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This injured worker is a 43-year-old female, who sustained an industrial injury on 09-09-2008. The injured worker was diagnosed as having chronic neck pain, cervical degenerative disc disease - multilevel, status post cervical spinal fusion C3-6, chronic lumbar strain- and anxiety. On medical records dated 09-28-2015, the subjective complaints were noted as neck and low back pain with some radicular pain. Pain control was noted as fair. Pain score was 8-9 out of 10 without medication and 4-5 out of 10 with medication. Objective findings were noted as cervical spine with mild - moderate decreased range of motion, positive tenderness to palpation - tightness bilateral lower paraspinal - trapezius and Spurling sign was negative. Lumbar spine revealed mild decreased range of motion and positive tenderness to palpation in bilateral paraspinal- SI. Treatment to date included surgical intervention, medication, aquatic therapy, and TENS units. Current medications were listed as Xanax, Limbrel, Ulesfia, Vitamin DS, Klonopin, Dexilant, Colace, Lexapro, Norco, Dilaudid, Lidoderm, MSContin, Lyrica, Senokot and Zanaflex. The Utilization Review (UR) was dated 10-07-2015. A Request for Authorization was dated 09-28-2015. The UR submitted for this medical review indicated that the request for physical therapy x 8 and acupuncture x 8 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture treatment.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture times 8 sessions are not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of three - four visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are chronic neck pain; cervical DDD multilevel; status post cervical spinal fusion C3 - C6; chronic lumbar strain; and anxiety. Date of injury is September 9, 2008. Request for authorization is September 28, 2015. According to the most recent progress note dated September 28, 2015, subjectively there are no new symptoms and no new changes. The injured worker complains of ongoing neck and low back pain. Objectively, there is cervical decreased range of motion mild. The lumbar spine is tender to palpation with tightness. There is bilateral lower paraspinal muscle tenderness. There are no acupuncture progress notes in the medical record. There is no documentation of prior acupuncture. There is no documentation demonstrating objective functional improvement from prior acupuncture. If the injured worker has not received prior acupuncture, the guidelines recommend a 3-4 visit clinical trial. The treating provider requested 8 sessions. With objective functional improvement, additional acupuncture may be clinically indicated (8-12 visits). The progress note and request for authorization do not specify the location for requested acupuncture. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, acupuncture times 8 sessions are not medically necessary.

Physical therapy x 8: Upheld

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy times eight sessions are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors

should be noted. In this case, the injured worker's working diagnoses are chronic neck pain; cervical DDD multilevel; status post cervical spinal fusion C3 - C6; chronic lumbar strain; and anxiety. Date of injury is September 9, 2008. Request for authorization is September 28, 2015. According to the most recent progress note dated September 28, 2015, subjectively there are no new symptoms and no new changes. The injured worker complains of ongoing neck and low back pain. Objectively, there is cervical decreased range of motion mild. The lumbar spine is tender to palpation with tightness. There is bilateral lower paraspinal muscle tenderness. There is no documentation of prior physical therapy in the medical record. The injured worker is status post-cervical spine fusion C3 - C6 and, in all likelihood, had a course or courses of subsequent physical therapy. There are no physical therapy progress notes in the medical record. There is no documentation demonstrating objective functional improvement from prior physical therapy. The progress note and request for authorization do not specify the location for requested acupuncture. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, physical therapy times eight sessions are not medically necessary.