

Case Number:	CM15-0034958		
Date Assigned:	03/03/2015	Date of Injury:	05/26/2012
Decision Date:	04/13/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/24/2015

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 45-year-old [REDACTED] employee who has filed a claim for chronic neck and mid back pain reportedly associated with an industrial injury of May 20, 2012. In a Utilization Review Report dated February 13, 2015, the claims administrator failed to approve requests for acupuncture, aquatic therapy, and a neurology consultation. The claims administrator referenced the now-outdated; miss numbered 2007 MTUS Acupuncture Medical Treatment Guidelines, which were, moreover, mislabeled as originating from the current MTUS, in its determination. A February 3, 2015 RFA form was referenced in the denial. The applicant's attorney subsequently appealed. In a Doctors First Report (DFR) dated February 3, 2015, the applicant apparently transferred care to a new primary treating provider (PTP), alleging development of neck pain, mid back pain, posttraumatic headaches, and psychiatric stress reportedly attributed to cumulative trauma (CT) at work. Voltaren, Fexmid, acupuncture, aquatic therapy, a cervical pillow, a neurology consultation, and a psychiatric consultation were endorsed, while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the cervical and thoracic spine, twice weekly for three weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Yes, the request for six sessions of acupuncture for the cervical and thoracic spines was medically necessary, medically appropriate, and indicated here. The Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.a acknowledge that acupuncture can be employed for a wide variety of purposes, including reducing pain, to treat muscle spasm, promote relaxation, etc. Here, there was no concrete documentation of the applicant having received earlier acupuncture. The request, thus, does appear to represent a first-time request for the same. The six-session course of therapy proposed thus conform to the three to six treatments deemed necessary to produce functional improvement following introduction of acupuncture, per MTUS 9792.24.1.c.1. Therefore, the request was medically necessary.

Aquatic therapy evaluation for the cervical and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: Conversely, the request for an aquatic therapy evaluation was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, however, it was not clearly established how, why, and/or if reduced weight bearing was/is desirable. The applicant's gait was not clearly described or characterized on the February 3, 2015 progress note at issue. There was no mention of the applicant having significant issues with gait derangement evident on that date. Therefore, the request was not medically necessary.

Aquatic therapy for the cervical and thoracic spine, twice weekly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: Similarly, the request for twice weekly aquatic therapy for the cervical and thoracic spines was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, however, there was/is no clear or compelling evidence that reduced weight bearing was, in fact, desirable. The February 3, 2015 progress note

on which the article in question was proposed contained no references to the applicant having issues with gait derangement. Therefore, the request is not medically necessary.

Consultation with a neurologist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: Finally, the request for a neurology consultation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referable may be appropriate if a practitioner is uncomfortable with treating or addressing a particular cause of delayed recovery. Here, the applicant has apparently developed issues with posttraumatic and/or psychogenic headaches. The applicant's primary treating provider, an orthopedist, may be uncomfortable and/or ill-equipped to address such issues and/or allegations. Obtaining the added expertise of a practitioner better-equipped to address such issues and/or allegations, namely a neurologist, was, thus, indicated. Therefore, the request was medically necessary.