

Case Number:	CM15-0042377		
Date Assigned:	03/12/2015	Date of Injury:	02/12/2014
Decision Date:	04/16/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/06/2015

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 50 year old male, who sustained an industrial injury on February 12, 2014. He reported neck, right shoulder, right arm, right hand, knee, upper back, and lower back pain. The injured worker was diagnosed as having cervical radicular pain. On July 18, 2014, an MRI of the cervical spine was performed. Treatment to date has included MRI, electrodiagnostic studies, acupuncture, physical therapy, and medications including pain, anti-epilepsy, muscle relaxant, and non-steroidal anti-inflammatory. On January 9, 2015, the injured worker complains of constant, dull with intermittent sharpness and stabbing radiating down the right arm with numbness and tingling. The pain is worse with neck flexion and looking over both shoulders. The pain is improved with physical therapy and acupuncture. The physical exam revealed decreased right arm sensation to pinprick in the ulnar and radial side. There was decreased cervical range of motion, decreased right arm muscle strength, tenderness to palpation along the cervical 4, cervical 5, and cervical 6 spinous process with radiation down the right arm, and tenderness to palpation of the cervical 4, cervical 5 bilaterally, and cervical 6 paraspinal musculature bilaterally. The treatment plan includes acupuncture and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 times a week for 6 weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Procedure Summary.

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 neck is recommended by the MTUS Guidelines as an option for chronic neck 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 myositis/myalgia 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 already completed 10 scheduled sessions of physical therapy with some benefit, which should have allowed him to learn how to perform home exercises effectively at this point. Without any clear evidence to suggest inability to perform home exercises, supervised physical therapy is not medically necessary.

Acupuncture therapy 2-3 times a week for 6 weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 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, there was no evidence of having had acupuncture in the past, suggesting this request was the first of such requests. However, the request for 12-18 sessions of acupuncture rather than the initial trial number of 3-6 is excessive and medically unnecessary without knowing if acupuncture will be beneficial or not.

Pain management follow-up: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary, Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, a request for a pain specialist follow-up would be reasonable and medically necessary as there was a plan to perform an intervention (epidural injection).