

Case Number:	CM15-0058343		
Date Assigned:	04/03/2015	Date of Injury:	10/01/2010
Decision Date:	05/05/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/27/2015

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 60-year-old who has filed a claim for chronic neck, low back, hand, and wrist pain with derivative complaints of depression, anxiety, and headaches reportedly associated with an industrial injury on October 1, 2010. In a Utilization Review report dated March 9, 2015, the claims administrator partially approved requests for 12 sessions of acupuncture as six sessions of acupuncture and denied 12 sessions of physical therapy outright. The claims administrator referenced a RFA form of February 20, 2015 in its determination. The applicant's attorney subsequently appealed. On February 20, 2015, the applicant reported 7/10 neck pain complaints, aggravated by twisting, turning, and bending. The applicant was unable to return to work, it was acknowledged. The applicant's medication list included tramadol, Flexeril, naproxen, Prilosec, senna, and Topamax. Urine drug testing was performed. The applicant was asked to continue with permanent limitations previously imposed on September 18, 2014. The applicant was given prescriptions for topical LidoPro, Topamax, Ultracet, Flexeril, and Fexmid. Trigger point injections were performed in the clinic setting. Twelve sessions of physical therapy and 12 sessions of acupuncture were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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 physical therapy, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly 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 off of work as of the date of the request, February 20, 2015. Permanent work restrictions were renewed on that date, unchanged from prior visits. The applicant remained dependent on numerous other forms of medical treatment, including trigger point injections and opioid agents such as tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request was not medically necessary.

Acupuncture x 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Similarly, the request for 12 sessions of acupuncture was likewise not medically necessary, medically appropriate, or indicated here. The 12-session course of acupuncture at issue, in and of itself, represents treatment in excess of the three to six treatments deemed necessary to produce functional improvement, per the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.c1. It is further noted that, as with the request for physical therapy, that the request at issue does in fact represent a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f, in this case, however, there was no such demonstration of functional improvement as defined in section 9792.20f. The applicant remained off of work. Permanent work restrictions remained in place, seemingly unchanged from visit to visit, despite receipt of earlier acupuncture in unspecified amounts. The applicant remained dependent on opioid agents such as Ultram (tramadol). All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of prior acupuncture in unspecified amounts over the course of the claim. Therefore, the request was not medically necessary.

