

Case Number:	CM15-0084418		
Date Assigned:	05/06/2015	Date of Injury:	11/07/2011
Decision Date:	06/11/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/01/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 51 year old female, who sustained an industrial injury on 11/7/11. She reported neck and low back injury. The injured worker was diagnosed as having spondylolisthesis L5-S1, herniated disc L5-S1 and L4-5 with radiculitis, left shoulder strain/sprain, tendinitis, impingement, cuff tear and internal derangement, herniated cervical disc C5-6, C6-7 and C4-5 with radiculopathy, right hand strain/sprain with carpal tunnel syndrome and left elbow medial epicondylitis. Treatment to date has included oral medications including opioids and physical therapy. Currently, the injured worker complains of pain in the cervical spine, lumbar spine, left shoulder and right hand with pain and swelling of left elbow. Physical exam noted diminished range of motion of lumbar spine, diminished range of motion of left shoulder with tenderness of greater tuberosity, subacromial grinding and clicking, tenderness of rotator cuff muscles, atrophy of rotator cuff muscles and tenderness of supraspinatus and infraspinatus, diminished range of motion of cervical spine, tightness to palpation is noted with spasm over the cervical spine with muscle guarding at trapezius and sternocleidomastoid and strap muscles. The treatment plan included continuation of physical therapy and 12 acupuncture sessions and refilling of oral medications.

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 6 weeks to the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 65-194; 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Neck and Upper Back, Physical Therapy, ODG Preface 1/2 Physical Therapy.

Decision rationale: MTUS refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG writes regarding neck and upper back physical therapy, "Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion." ODG further quantifies its cervical recommendations with: Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks. Sprains and strains of neck = 10 visits over 8 weeks. Regarding the lumbar back ODG quantifies its recommendations with; 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy at the conclusion of which additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. Available medical records indicate prior physical therapy though the duration is unclear. The record provides no documentation of objective functional improvement due to the earlier course of therapy, this is required if therapy is to be continued past a trial phase. The treating physician does not detail extenuating circumstances that would warrant exception to the guidelines. As such, the request for PT twelve sessions 2 x 6 for cervical and lumbar regions is deemed not medically necessary.

Acupuncture 2 times a week for 6 weeks to the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acupuncture Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Acupuncture; Low Back - Lumbar & Thoracic (Acute & Chronic), Acupuncture.

Decision rationale: MTUS "Acupuncture Medical Treatment Guidelines" clearly state that "acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." ODG states regarding Acupuncture of the neck and upper back, "Under study for

upper back, but not recommended for neck pain." Additionally, "ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks."ODG does not recommend acupuncture for acute low back pain, but "may want to consider a trial of acupuncture for acute LBP if it would facilitate participation in active rehab efforts." The initial trial should "3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)" The available medical record note prior acupuncture but does not provide documentation of the course of therapy, the regions treated, objective documentation of efficacy or that pain medication is reduced or not tolerated. As such, the request for acupuncture for 2 times a week for 6 weeks is deemed not medically necessary.