

Case Number:	CM15-0085823		
Date Assigned:	05/08/2015	Date of Injury:	08/15/2013
Decision Date:	06/11/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/05/2015

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, Illinois

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 injured worker is a 71 year old female who sustained an industrial injury on 08/15/13. Initial complaints include pain the neck and shoulder. Initial diagnoses are not available. Treatments to date include physical therapy and medications. Diagnostic studies include a MRI of the cervical spine. Current complaints include neck and shoulder pain. Current diagnoses include cervical disc displacement, cervical spondylosis and radiculopathy, bilateral shoulder pain and impingement syndrome, myofascial pain, and chronic pain syndrome. In a progress note dated 02/18/15 the treating provider reports the plan of care as a C6-7 cervical intralaminar epidural steroid injection, a medial nerve block, medications including tramadol, physical therapy, and MRI of the right shoulder, electrodiagnostic and nerve conduction studies of the cervical paraspinals and upper extremities, and acupuncture. The requested treatments are acupuncture and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, six sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker sustained a work related injury on 08/15/13. The medical records provided indicate the diagnosis of cervical disc displacement, cervical spondylosis and radiculopathy, bilateral shoulder pain and impingement syndrome, myofascial pain, and chronic pain syndrome. Treatments have included physical therapy and medications. The medical records provided for review do indicate a medical necessity for Acupuncture, six sessions. The medical records indicate the injured worker has been treated with physical therapy and medications; the goal of the acupuncture is to reduce the need for medication; additional request for physical therapy has been made. The records indicate the utilization reviewer accepted the request for acupuncture with modification from 6 visits to 4, in order to determine the benefit of treatment. The MTUS recommends time to produce functional improvement as 3 to 6 treatments; and that acupuncture may be extended if functional improvement is documented. Therefore the request is medically necessary.

Physical Therapy of Cervical Spine, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The injured worker sustained a work related injury on 08/15/13. The medical records provided indicate the diagnosis of cervical disc displacement, cervical spondylosis and radiculopathy, bilateral shoulder pain and impingement syndrome, myofascial pain, and chronic pain syndrome. Treatments have included physical therapy and medications. The medical records provided for review do not indicate a medical necessity for Physical Therapy of Cervical Spine, twice a week for six weeks. The medical records indicate the injured worker had no improvement with the previous sessions of physical therapy. The MTUS recommends a fading of treatment frequency (from up to 3 visits per week to 1 or less) for a total of 10 visits, plus active self-directed home Physical Medicine. Therefore the request is not medically necessary.