

Case Number:	CM14-0110415		
Date Assigned:	08/01/2014	Date of Injury:	10/10/2009
Decision Date:	10/03/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/15/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 63-year-old male who reported an industrial injury to the back on 10/10/2009, almost five (5) years ago, attributed to the performance of his usual and customary job tasks. The patient is being treated for a lumbar radiculopathy and a cervical radiculopathy. The patient was reported to complain of neck and lower back pain radiating to the bilateral lower extremities. The patient was documented to have had 24 sessions of chiropractic therapy, which were beneficial. The patient has been prescribed naproxen; Pantoprazole; and tizanidine. The objective findings on examination included no acute distress; range of motion is restricted to the cervical spine; range of motion restricted to the lumbar spine tenderness noted with palpation over the paravertebral musculature; sensation decreased to light touch over the lateral calf on the right side; straight leg raise (SLR) reported positive on both sides. The diagnoses were brachial neuritis or radiculitis; thoracic/lumbosacral neuritis or radiculitis; and sprain/strain of the thoracic region. The patient was prescribed eight sessions of physical therapy (PT) to the neck and back and also eight sessions of acupuncture to the neck and back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy times 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300, Chronic Pain Treatment Guidelines physical medicine Page(s): 97-98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter-PT; back chapter-PT

Decision rationale: The request is for authorization of Physical Therapy 2 times 4 sessions directed to the neck and back five (5) years after the date of injury (DOI) exceeds the number of sessions of PT recommended by the CA MTUS and the time period recommended for rehabilitation. The evaluation of the patient documented no objective findings on examination to support the medical necessity of physical therapy five (5) years after the cited DOI with no documented weakness or muscle atrophy as opposed to a self-directed HEP. The patient is documented to have restricted range of motion and tenderness to palpation at the age of 64. There are no objective findings to support the medical necessity of Physical Therapy 2 times 4 sessions to the neck, shoulder and back for the rehabilitation of the patient over the number recommended by evidence based guidelines. The patient is documented with no signs of weakness, no significant reduction of ROM, or muscle atrophy. There is no demonstrated medical necessity for the prescribed PT to the neck and back five (5) years after the DOI. The patient is not documented to be in HEP. There is no objective evidence provided by the provider to support the medical necessity of the requested sessions of 2 times 4 additional sessions of PT over a self-directed home exercise program as recommended for further conditioning and strengthening. The CA MTUS recommend up to nine-ten (9-10) sessions of physical therapy over 8 weeks for the shoulder for sprain/strains. The CA MTUS recommends ten (10) sessions of physical therapy over 8 weeks for the lumbar/cervical spine rehabilitation subsequent to lumbar/cervical strain/sprain with integration into HEP. The provider did not provide any current objective findings to support the medical necessity of additional PT beyond the number recommended by evidence based guidelines. The current prescription for additional physical therapy represents maintenance care. There is no demonstrated medical necessity for the requested additional sessions of physical therapy. The patient was noted to have received 24+ sessions of chiropractic physiotherapy.

Acupuncture times 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 2 times 4 sessions of acupuncture directed to the neck and back is not supported with objective evidence of functional improvement with the previous sessions of acupuncture. There was no documentation by the requesting provider whether or not the patient had received prior sessions of acupuncture. There was no sustained functional improvement documented. There was only reported symptomatic relief on a temporary basis. There is no demonstrated medical necessity for 8 sessions of acupuncture. The treating physician requested acupuncture sessions to the neck and back based on persistent chronic pain due to the reported industrial injury and muscle pain not controlled with medications and home exercises. The request is not consistent with the recommendations of the CA Medical Treatment Utilization

Schedule for the continued treatment with acupuncture. The current request is for maintenance treatment. The patient is not demonstrated to be participating in a self-directed home exercise program for conditioning and strengthening. There is no demonstrated failure of conservative care or conventional care. The patient is not demonstrated to have intractable pain and is not exhausted all treatment modalities. The recent clinical documentation demonstrates that the patient has made no improvement to the cited body parts with the provided conservative treatment for the diagnoses of sprain/strain. Acupuncture is not recommended as a first line treatment and is authorized only in conjunction with a documented self-directed home exercise program. There is no documentation that the patient has failed conventional treatment. There was no rationale supporting the use of additional acupuncture directed to the neck and back. The use of acupuncture is not demonstrated to be medically necessary. There is no demonstrated medical necessity of additional acupuncture in conjunction with PT prescribed at the same time. An initial short course of treatment to demonstrate functional improvement through the use of acupuncture is recommended for the treatment of chronic pain issues, acute pain, and muscle spasms. A clinical trial of four (4) sessions of acupuncture is consistent with the CA Medical Treatment Utilization Schedule; the ACOEM Guidelines and the Official Disability Guidelines for treatment of the neck and back. The continuation of acupuncture treatment would be appropriately considered based on the documentation of the efficacy of the four (4) sessions of trial acupuncture with objective evidence of functional improvement. Functional improvement evidenced by the decreased use of medications, decreased necessity of physical therapy modalities, or objectively quantifiable improvement in examination findings and level of function would support the medical necessity of 8-12 sessions over 4-6 weeks.