

Case Number:	CM14-0119906		
Date Assigned:	09/16/2014	Date of Injury:	02/04/2002
Decision Date:	10/22/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	07/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The records, presented for review, indicate that this 66-year-old female was reportedly injured on February 4, 2002. The most recent progress note, dated July 8, 2014, indicated that there were ongoing complaints of neck pain and low back pain and new onset right arm pain. There was also a complaint of numbness at the lateral aspect of the right thigh. The physical examination demonstrated spasms along the lumbar spine paraspinal muscles as well as supraspinatus, trapezius and levator scapulae muscles. There was decreased sensation in the right C5 dermatome. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included steroid injections, physical therapy, the use of a TENS unit, and medications. A request had been made for physical therapy for the lower back and neck, trigger point injections for the cervical spine and bilateral shoulders and acupuncture and was denied in the pre-authorization process on July 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy low back/neck 1 X 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: A review of the medical records indicates that the injured worker has already participated in physical therapy for the neck and back. As the stated date of injury was over 12 years ago, it is anticipated that the injured worker has transitioned to a home exercise program. It is unclear why there is a request to revisit formal physical therapy. Without additional justification, this request for physical therapy for the lower back and neck once a week for 12 weeks is not medically necessary.

Trigger point injections cervical/bilateral shoulders 1 X 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chapter unclear.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26; MTUS (Effective July 18, 2009): Trigger Point Injections Page(s): 122.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the criteria for the use of trigger point injections includes that a radiculopathy not be present on physical examination. The progress note, dated July 8, 2014, indicated decreased sensation at the right C5 dermatome. Considering this, this request for trigger point injections is not medically necessary.

Acupuncture sessions cervical 1 X 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26; MTUS (Effective July 18, 2009): Page(s): 13 of 127.

Decision rationale: The California MTUS Guidelines support acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation to hasten functional recovery. When noting the injured employee's diagnosis, date of injury, clinical presentation, and the lack of documentation of conservative treatments or an on-going physical rehabilitation program, there is insufficient clinical data provided to support additional acupuncture; therefore, this request for acupuncture for the cervical spine once a week for eight weeks is not considered medically necessary.