

Case Number:	CM14-0142509		
Date Assigned:	09/25/2014	Date of Injury:	08/23/2011
Decision Date:	10/27/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/03/2014

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 Occupational Medicine and is licensed to practice in Montana. 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 injured worker has a date of injury of 8/23/11. The mechanism of injury is not described in the medical records. She has complaint of neck pain radiating to both shoulders and arms and low back pain radiating to the right leg. MRIs have shown degenerative disc disease and bulging disks in the cervical and lumbar area. Her treatment has included physical therapy, acupuncture, oral and topical medications and chiropractic treatment. The primary treating physician has requested 6 additional acupuncture treatments and 6 additional physical therapy sessions for the cervical and lumbar spine.

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 3 Weeks to Cervical Spine and Lumbar Spine:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, physical therapy and Low Back, physical therapy

Decision rationale: The MTUS in the ACOEM guidelines notes that there is no high-grade scientific evidence to support effectiveness or ineffectiveness of passive physical modalities such as traction, heat cold applications, massage, diathermy, pain use laser treatment, ultrasound, TENS unit's or biofeedback. It does state that they may be used on a trial basis with close monitoring and emphasis on functional improvement. The chronic pain management treatment guidelines note that passive modalities can provide short-term relief during the early phases of pain treatment. Active treatment modalities such as exercise are associated with substantially better outcomes. The ODG guidelines for neck and upper back and low back note that physical therapy is recommended for 10-12 visits over 8 weeks. In this case we see documentation of at least 13 prior physical therapy treatments with slow functional improvement noted by the therapist. The primary treating physicians note dated 7/23/14 specifically states that she has had 6 sessions of physical therapy without relief. Without evidence for ongoing functional improvement the request for physical therapy, 2 times per week for 3 weeks, is not medically necessary.

Acupuncture Treatment 6 Sessions Cervical Spine and Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 300, 174-175, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck and Upper back, acupuncture; Low Back, acupuncture; Pain, acupuncture

Decision rationale: The MTUS, in the ACOEM guidelines, states that invasive techniques such as acupuncture have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. For low back pain, the AOEM guidelines state that acupuncture has not been found effective in the management of back pain, based on several high-quality studies, but there is anecdotal evidence of its success. The Acupuncture Medical Treatment Guidelines state that the time to produce functional improvement is 3-6 treatments. The ODG guidelines state acupuncture is not recommended for acute low back pain but is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. ODG Acupuncture Guidelines call for an Initial trial of 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.) In this case apparently there was some initial treatment with acupuncture providing up to 15% improvement. The treatment note of 7/23/14 indicates that the previous 6 sessions of acupuncture have provided no relief. With no evidence for functional improvement beyond the initial acupuncture visits the request for 6 additional acupuncture visits is not medically necessary.