

Case Number:	CM14-0162051		
Date Assigned:	10/07/2014	Date of Injury:	10/04/2013
Decision Date:	11/07/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/02/2014

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 and is licensed to practice in Illinois. 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 is a 43-year-old female who reported an injury on 10/04/2013. The mechanism of injury was not provided. On 09/09/2014 the injured worker presented with neck pain with associated cervicogenic headaches along with pain radiating down to the bilateral upper extremities. Examination of the cervical spine revealed tenderness to palpation bilaterally with increased muscle rigidity. There are numerous trigger points palpable and tender throughout the cervical paraspinal muscles. There was decreased range of motion with obvious muscle guarding. Range of motion values for the cervical spine noted 30 degrees of flexion, 30 degrees of extension, 30 degrees of right lateral bending, 30 degrees of left lateral bending, 60 degrees of right rotation, and 60 degrees of left rotation. There was 2/4 deep tendon reflexes in the biceps, triceps, and brachioradialis bilaterally. There was 5/5 strength and decreased sensation of the lateral arm and forearm bilaterally at approximately the C5-6 distribution. Diagnostic studies included a cervical spine MRI dated 04/22/2014 that revealed C5-6 3 mm disc protrusion with associated facet arthropathy and C4-5 and C3-4 2 mm disc protrusion. Diagnoses were cervical spine myoligamentous injury with bilateral upper extremity radicular symptoms and blunt head trauma with post-concussive syndrome. Prior therapy included physiotherapy and medical management, the provider recommended acupuncture and physical therapy for the neck and upper back once weekly. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the neck and upper back, once weekly: 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 acupuncture for the neck and upper back, once weekly is not medically necessary. The California MTUS state that acupuncture is used as an option when pain medication is reduced or not tolerated and must be used as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture may be performed within 3 to 6 treatments 1 to 3 times a week for optimum duration of 1 to 2 months. There is lack of documentation that the injured worker is intolerant of or is recommended for reduced medication. Additionally, there is lack of documentation that the injured worker participates in physical rehabilitation that could be used as adjunct to acupuncture treatment. The provider's request does not indicate the amount of acupuncture treatments that are being recommended. As such, medical necessity has not been established.

Physical therapy for the neck and upper back, once weekly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter

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

Decision rationale: The request for physical therapy for the neck and upper back, once weekly is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The injured workers are instructed that they are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is a lack of documentation indicating the injured workers prior courses of physical therapy as well as the efficacy of the prior therapy. The amount of physical therapy visits the injured worker underwent was not provided. There are no significant barriers to transitioning the injured worker to an independent exercise program. The provider's request does not indicate the amount of physical therapy visits being recommended for the neck and upper back. As such, medical necessity has not been established.