

Case Number:	CM14-0177143		
Date Assigned:	10/30/2014	Date of Injury:	05/22/2014
Decision Date:	12/05/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/27/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for neck, shoulder, and low back pain reportedly associated with an industrial injury of May 22, 2014. Thus far, the applicant has been treated with the following medications: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; and transfer of care to and from various providers in various specialties. In an October 20, 2014 Utilization Review Report, the claims administrator conditionally approved a heating pad, denied eight sessions of physical therapy, and denied 12 sessions of additional acupuncture. The claims administrator invoked the now-outdated 2007 MTUS Acupuncture Guidelines in its denial, along with a now-renumbered MTUS 9792.20e. The applicant's attorney subsequently appealed. In a September 20, 2014 progress note, handwritten, difficult to follow, not entirely legible, the applicant reported 5-6/10 left shoulder, mid back, and low back pain. Additional physical therapy to the shoulder and lumbar spine was sought, while the applicant was kept off of work, on total temporary disability. A Thermophore (heat pad) and multimodality transcutaneous electric therapy device were also apparently sought, along with further acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermophore (Heating Pad);: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): TABLE 9-3, PAGE 204; TABLE 12-5, PAGE 299.

Decision rationale: Yes, the request for a Thermophore (heating pad) is medically necessary, medically appropriate, and indicated here. The applicant's primary pain generators here are the shoulder and low back. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-5, page 299, local applications of heat and cold are recommended as methods of symptom control for low back pain complaints, as are/were present here. Similarly, the MTUS Guideline in ACOEM Chapter 9, Table 9-3, page 204 also notes that applications of heat and cold are recommended as methods of symptom control for applicants with shoulder complaints, as are also present here. The Thermophore (heating pad) at issue, thus, does represent a simple, low-tech, application of heat therapy which is endorsed by ACOEM for the low back and shoulder pain complaints present here. Therefore, the request is medically necessary.

Short Course Of Physical Therapy 2x4 For Left Shoulder, Lumbar Spine, And Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Physical Medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: The request for eight sessions of physical therapy for the left shoulder, lumbar spine, and cervical spine is not medically necessary, medically appropriate, or indicated here. While the eight-session course of treatment proposed is consistent with the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work, on total temporary disability, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.

Additional Acupuncture 2x6 For The Cervical Spine: 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 an additional 12 sessions of acupuncture is likewise not medically necessary, medically appropriate, or indicated here. The request in question does represent a renewal request for acupuncture. However, as noted in MTUS 9792.24.1.d, acupuncture treatments may be extended only if there is evidence of functional improvement as defined in section 9792.20f. Here, however, the applicant is off of work, on total temporary disability, suggesting a lack of functional improvement as defined in section 9792.20f. Therefore, the request for additional acupuncture is not medically necessary.