

Case Number:	CM14-0093659		
Date Assigned:	09/12/2014	Date of Injury:	08/22/2002
Decision Date:	10/07/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/20/2014

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 Pain Management and Rehabilitation, 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 patient sustained an injury on 8/22/2002 while employed by [REDACTED]. Request(s) under consideration include Acupuncture 2 x 4 cervical, lumbar spine and Physical therapy 2 x 4 to the cervical, lumbar spine. Diagnoses included C5-6 HNP; tempora mandibular disorder; right shoulder impingement syndrome; right knee internal derangement; fibromyalgia/ chronic fatigue syndrome; anxiety/ depressive disorder secondary to industrial injury and pain. Conservative care has included medications, physical therapy, acupuncture, and modified activities/rest. Report of 4/29/14 from the provider noted ongoing chronic pain symptoms. Treatment plan included PT and acupuncture. Report of 6/10/14 noted constant neck pain rated at 7/10 radiating to bilateral shoulders, down bilateral upper extremities and into her jaw; low back pain radiating to buttocks and down bilateral lower extremities associated with numbness, tingling to feet; constant bilateral shoulders rated at 6-7/10; constant wrist/hand pain rated at 6/10 associated with weakness; right knee pain with weakness and constant right ankle/foot pain rated at 6/10. Current medications list Flexeril, Naprosyn, Thermal head patches, Ambien, Ativan, and Gabapentin cream. The patient was noted to be attending PT twice a week. Exam showed unchanged limited range of neck with positive Spurling's; diffuse 4/5 weakness in upper extremities with diminished sensation over bilateral C6 dermatomes and DTRs; lumbar spine with limited range in all planes with diffuse motor weakness 4/5 and decreased sensation at bilateral L5 dermatomes. Treatment included PT, doing her home exercise, psychological treatment, medication refills. The patient remained P&S. The request(s) for Acupuncture 2 x 4 cervical, lumbar spine and Physical therapy 2 x 4 to the cervical, lumbar spine were non-certified on 5/23/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Two Times A Week For Four Weeks 2 x 4 cervical, lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACUPUNCTURE MEDICAL TREATMENT GUIDELINES Page(s): 8-9.

Decision rationale: This patient sustained an injury on 8/22/2002 while employed by [REDACTED]. Request(s) under consideration include Acupuncture 2 x 4 cervical, lumbar spine and Physical therapy 2 x 4 to the cervical, lumbar spine. Diagnoses included C5-6 HNP; temporomandibular disorder; right shoulder impingement syndrome; right knee internal derangement; fibromyalgia/ chronic fatigue syndrome; anxiety/ depressive disorder secondary to industrial injury and pain. Conservative care has included medications, physical therapy, acupuncture, and modified activities/rest. Report of 4/29/14 from the provider noted ongoing chronic pain symptoms. Treatment plan included PT and acupuncture. Report of 6/10/14 noted constant neck pain rated at 7/10 radiating to bilateral shoulders, down bilateral upper extremities and into her jaw; low back pain radiating to buttocks and down bilateral lower extremities associated with numbness, tingling to feet; constant bilateral shoulders rated at 6-7/10; constant wrist/hand pain rated at 6/10 associated with weakness; right knee pain with weakness and constant right ankle/foot pain rated at 6/10. Current medications list Flexeril, Naprosyn, Thermal head patches, Ambien, Ativan, and Gabapentin cream. The patient was noted to be attending PT twice a week. Exam showed unchanged limited range of neck with positive Spurling's; diffuse 4/5 weakness in upper extremities with diminished sensation over bilateral C6 dermatomes and DTRs; lumbar spine with limited range in all planes with diffuse motor weakness 4/5 and decreased sensation at bilateral L5 dermatomes. Treatment included PT, doing her home exercise, psychological treatment, medication refills. The patient remained P&S. The request(s) for Acupuncture 2 x 4 cervical, lumbar spine and Physical therapy 2 x 4 to the cervical, lumbar spine were non-certified on 5/23/14. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Review indicated the patient has received prior sessions of acupuncture; however, submitted reports have not clearly demonstrated any functional benefit or pain relief derived from prior treatment and have not demonstrated medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The Acupuncture Two Times A Week For Four Weeks for cervical, lumbar spine is not medically necessary and appropriate.

Physical therapy Two Times A Week For Four Weeks 2 x 4 to the cervical, lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: This patient sustained an injury on 8/22/2002 while employed by [REDACTED]. Request(s) under consideration include Acupuncture 2 x 4 cervical, lumbar spine and Physical therapy 2 x 4 to the cervical, lumbar spine. Diagnoses included C5-6 HNP; temporomandibular disorder; right shoulder impingement syndrome; right knee internal derangement; fibromyalgia/ chronic fatigue syndrome; anxiety/ depressive disorder secondary to industrial injury and pain. Conservative care has included medications, physical therapy, acupuncture, and modified activities/rest. Report of 4/29/14 from the provider noted ongoing chronic pain symptoms. Treatment plan included PT and acupuncture. Report of 6/10/14 noted constant neck pain rated at 7/10 radiating to bilateral shoulders, down bilateral upper extremities and into her jaw; low back pain radiating to buttocks and down bilateral lower extremities associated with numbness, tingling to feet; constant bilateral shoulders rated at 6-7/10; constant wrist/hand pain rated at 6/10 associated with weakness; right knee pain with weakness and constant right ankle/foot pain rated at 6/10. Current medications list Flexeril, Naprosyn, Thermal head patches, Ambien, Ativan, and Gabapentin cream. The patient was noted to be attending PT twice a week. Exam showed unchanged limited range of neck with positive Spurling's; diffuse 4/5 weakness in upper extremities with diminished sensation over bilateral C6 dermatomes and DTRs; lumbar spine with limited range in all planes with diffuse motor weakness 4/5 and decreased sensation at bilateral L5 dermatomes. Treatment included PT, doing her home exercise, psychological treatment, medication refills. The patient remained P&S. The request(s) for Acupuncture 2 x 4 cervical, lumbar spine and Physical therapy 2 x 4 to the cervical, lumbar spine were non-certified on 5/23/14. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy Two Times A Week For Four Weeks to the cervical, lumbar spine is not medically necessary and appropriate.