

Case Number:	CM14-0094384		
Date Assigned:	07/25/2014	Date of Injury:	01/19/2010
Decision Date:	09/19/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/23/2014

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 patient is a 53-year-old male who was injured on 01/19/2010. The mechanism of injury is unknown. Prior treatment history has included physical therapy, which has been beneficial in the past. Progress report dated 05/19/2014 documented the patient to have complaints of increased neck pain radiating into the shoulder. He rated the pain as 6/10. On exam, he has normal thoracic kyphosis with tender points. There is tenderness to palpation at the sciatic/piriformis areas bilaterally. Twitch response is bilateral at the thoracic T3 region and in the bilateral trapezius region. The patient is diagnosed with cervical disc disease/grade I retrolisthesis of C3 and C4; thoracic degenerative changes; and lumbar disc disease. He was recommended for 8 visits of physical therapy to the cervical spine and thoracic spine; 8 visits of acupuncture for the cervical and thoracic spine. His Carisoprodol was renewed and has been receiving since 02/10/2014. Prior utilization review dated 06/05/2014 states the request for Physical Therapy to the back x8 is not certified as medical necessity has not been established; Acupuncture to the back x8 is modified to certify 6 sessions to allow for documented efficacy of treatment; and Carisoprodol 350mg quantity 60 is not certified as long term use of muscle relaxants is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the back x8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back, Physical therapy.

Decision rationale: According to MTUS guidelines, physical therapy may be recommended for acute exacerbations of musculoskeletal conditions. However, in this case the patient's injury is over 4 years old. There is no documentation of acute exacerbation. There is no documentation of prior objective functional improvement from physical therapy. Number of prior physical therapy visits is not provided. Medical necessity is not established.

Acupuncture to the back x8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back, Acupuncture.

Decision rationale: According to MTUS guidelines, acupuncture may be indicated for chronic pain with an initial trial of 3 to 6 visits. However, in this case 8 visits are requested for a 53-year-old male with chronic back pain. Further, prior acupuncture treatment is not discussed. Medical necessity is not established for 8 visits.

Carisoprodol 350mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxer Page(s): 63-66.

Decision rationale: According to MTUS guidelines, Carisoprodol is not recommended for long-term use. In this case the patient is prescribed Carisoprodol on a long-term basis without evident functional improvement. History and examination findings do not support ongoing use. Medical necessity is not established.