

Case Number:	CM13-0062895		
Date Assigned:	12/30/2013	Date of Injury:	11/06/2012
Decision Date:	05/01/2015	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/09/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 44 year old female, who sustained an industrial injury on 09/10/2013. She has reported subsequent neck, back and shoulder pain and was diagnosed with cervical sprain/strain, lumbar disc bulge, lumbar spondylosis and right shoulder rotator cuff injury. Treatment to date has included oral pain medication, physical therapy, injections and chiropractic treatment. In a progress note dated 09/10/2013, the injured worker complained of neck, back and right shoulder pain. Objective findings were illegible. A request for authorization of acupuncture and physiotherapy visits was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, six(6) visits (1 x6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Acupuncture Page(s): 3.

Decision rationale: Acupuncture, six(6) visits (1x6) is not medically necessary. Per Ca MTUS and Acupuncture Medical Treatment Guidelines 'Acupuncture' is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In this case, Acupuncture is not medically necessary because there was no plan documented to reduce pain medication and or that the patient benefited from previous physical therapy.

Physiotherapy; (6) six sessions (1x6): 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 therapy Page(s): 99.

Decision rationale: Physiotherapy; (6) six sessions (1x6) is not medically necessary. Page 99 of Ca MTUS states physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The claimant's had several visits of physical therapy without documented benefit; therefore, the request is not medically necessary.