

Case Number:	CM14-0212041		
Date Assigned:	01/02/2015	Date of Injury:	12/09/2009
Decision Date:	02/27/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 47-year-old woman who sustained a work-related injury on December 9, 2009. Subsequently, the patient developed a chronic neck pain and left shoulder pain. According to a progress report dated on November 17, 2014, the patient was complaining of ongoing left upper extremity pain and neck pain. The pain severity was rated the pain for an 10 over 10 with difficulty with sleeping. The patient physical examination demonstrated neck tenderness with reduced range of motion, the sensation lateral forearm and left index middle and ring finger. The patient was diagnosed with left cervical radiculopathy, left cervical strain and left shoulder on the. The provider requested authorization for physical therapy and acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Specialist for Acupuncture Treatment (4-sessions, once a week for 4 weeks):
 Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to MTUS 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. Furthermore, and according to MTUS guidelines, "Acupuncture with electrical stimulation" is the use of electrical current (microamperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. The patient developed chronic neck pain and musculoskeletal disorders. However, the patient work injury occurred on 2009 and the need for acupuncture treatment is not clear. There is no documentation of outcome of previous acupuncture treatment. There is no documentation of significant change in the patient condition to previous acupuncture treatments. Therefore, the request for Referral to Specialist for Acupuncture Treatment (4-sessions, once a week for 4 weeks) is not medically necessary.

Physical Therapy (6-sessions, 2 times a week for 3 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: According to MTUS guidelines, recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. According to MTUS guidelines, physical medicine recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. The patient developed chronic neck pain and musculoskeletal disorders. However, the patient's work injury occurred on 2009 and the need for physical therapy treatment is not

clear. There is no documentation of outcome of previous physical therapy treatment. There is no documentation of significant change in the patient condition to require more physical therapy treatment. There is no documentation that the patient can do home exercise. Therefore, the request for Physical Therapy (6-sessions, 2 times a week for 3 weeks) is not medically necessary.