

Case Number:	CM14-0216085		
Date Assigned:	01/06/2015	Date of Injury:	03/19/2012
Decision Date:	02/25/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	12/24/2014

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 57-year-old male with an injury date of 03/19/12. Based on the 11/17/14 progress report provided by treating physician, the patient complains of neck and back pain. Physical examination to the area on 11/17/14 showed no tenderness to palpation. No symptoms or signs of myelopathy were present. Per progress report dated 11/17/14, X-rays of the cervical spine (unspecified dates) showed anterolisthesis of C7 over T1, moderate stenosis at C4-C5, and C5-C6, and degenerative disc disease and spondylosis at multiple levels. X-rays of lumbar spine (unspecified dates) showed moderate stenosis at L4-L5, moderate foraminal stenosis at L5-S1, severe degenerative disc disease at L5-S1. Per progress report dated 03/10/14, the patient has received 18 chiropractic, 12 acupuncture, and 12 physical therapy sessions to date with only mild relief of pain. Patient has retired and is permanent and stationary. Diagnosis 11/17/14-Cervical spondylosis-Lumbosacral spondylosis The utilization review determination being challenged is dated 12/11/14. The rationale follows: 1.) ACUPUNCTURE C/S 2X6 (12): "There is no evidence of such benefit having been gained by the patient from the acupuncture." 2.) ACUPUNCTURE L/S 2X6 (12): "...There is no documentation of functional improvement." 3.) PHYSICAL THERAPY C/S 2X6 (12): "There is no documentation of actual functional improvement after the patient received these treatments." 4.) PHYSICAL THERAPY L/S 2X6 (12): "...again, there is no documentation of functional improvement..." Treatment reports were provided from 09/10/13 - 12/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture C/S 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient presents with neck and back pain. The request is for ACUPUNCTURE C/S 2X6 (12). Patient's diagnosis on 11/17/14 included cervical spondylosis and lumbosacral spondylosis. Per progress report dated 03/10/14, the patient has received 18 chiropractic, 12 acupuncture, and 12 physical therapy sessions to date, with only mild relief of pain. Patient has retired and is permanent and stationary. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments. (ii) Frequency: 1 to 3 times per week. (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 (e)." Treater does not state the reason for the request. The UR letter dated 12/11/14 states: there is no evidence of such benefit having been gained by the patient from the acupuncture. In this case, the patient has previously received 12 acupuncture sessions with only mild relief of pain. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 (e); however, there are no clear discussions of functional improvements, treatment history, and associated outcomes. Furthermore, Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "time to produce functional improvement: 3 to 6 treatments." Additionally, the request for additional 12 C/S acupuncture sessions combined with the 12 treatments already authorized exceeds what is recommended by MTUS. Therefore, the request IS NOT medically necessary.

Acupuncture L/S 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient presents with neck and back pain. The request is for ACUPUNCTURE L/S 2X6 (12). Patient's diagnosis on 11/17/14 included cervical spondylosis and lumbosacral spondylosis. Per progress report dated 03/10/14, the patient has received 18 chiropractic, 12 acupuncture, and 12 physical therapy sessions to date, with only mild relief of pain. Patient has retired and is permanent and stationary. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments. (ii) Frequency: 1 to 3 times per week. (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Treater does not state the reason for the request.

The UR letter dated 12/11/14 states: there is no evidence of such benefit having been gained by the patient from the acupuncture. In this case, the patient has previously received 12 acupuncture sessions with only mild relief of pain. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 (e); however, there are no clear discussions of functional improvements, treatment history, and associated outcomes. Furthermore, Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "time to produce functional improvement: 3 to 6 treatments." Additionally, the request for additional 12 L/S acupuncture sessions combined with the 12 treatments already authorized exceeds what is recommended by MTUS. Therefore, the request IS NOT medically necessary.

Physical Therapy C/S 2x6: 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 rationale: The patient presents with neck and back pain. The request is for PHYSICAL THERAPY C/S 2X6 (12). Patient's diagnosis on 11/17/14 included cervical spondylosis and lumbosacral spondylosis. Per progress report dated 03/10/14, the patient has received 18 chiropractic, 12 acupuncture, and 12 physical therapy sessions to date, with only mild relief of pain. Patient has retired and is permanent and stationary. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended." Treater does not state the reason for the request nor explains why the patient is unable to transition into a home exercise program. In addition, per progress report dated 03/10/14, the patient has received 12 physical therapy sessions to date, with only mild relief of pain. The request for additional 12 C/S physical therapy sessions combined with the 12 treatments already authorized exceeds what is recommended by MTUS. Therefore, the request IS NOT medically necessary.

Physical Therapy L/S 2x6: Upheld

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

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Decision rationale: The patient presents with neck and back pain. The request is for PHYSICAL THERAPY L/S 2X6 (12). Patient's diagnosis on 11/17/14 included cervical spondylosis and lumbosacral spondylosis. Per progress report dated 03/10/14, the patient has received 18 chiropractic, 12 acupuncture, and 12 physical therapy sessions to date, with only

mild relief of pain. Patient has retired and is permanent and stationary. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended." Treater does not state the reason for the request nor explains why the patient is unable to transition into a home exercise program. In addition, per progress report dated 03/10/14, the patient has received 12 physical therapy sessions with only mild relief of pain. The request for additional 12 L/S physical therapy sessions combined with the 12 treatments already authorized exceeds what is recommended by MTUS. Therefore, the request IS NOT medically necessary.