

Case Number:	CM15-0011175		
Date Assigned:	01/29/2015	Date of Injury:	12/23/2010
Decision Date:	03/18/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/21/2015

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 & Rehabilitation

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 60 year old male, who sustained an industrial injury on 12/23/10. On 1/21/15, the injured worker submitted an application for IMR for review of Acupuncture, extended up to twelve visits (eight more), and Physical therapy for the cervical and thoracic spine, three times weekly for four weeks. The treating provider has reported the injured worker complained of neck, shoulder, mid back, low back, lower extremities pain that alternates from a constant dull ache to sharp pains radiating across the top of iliac crest upwards to lower thoracic. The provider has requested additional Electro acupuncture to injured area to reduce and eliminate inflammation, pain and spasm, increase capacity/ROM. The diagnoses have included lumbar spine radiculitis. Treatment to date has included aquatic therapy (22) and acupuncture, chiropractic treatments, MRI Thoracic and Lumbar spine 4/13/11, EMG/NCS lower extremities (8/30/11), Complete laminectomy/bilateral neuroforaminotomy L4-L5-S1, pedicle screws, insertion of Cages, fusion, allograft (3/15/14), x-rays lumbosacral (3/15/14), Transcranial Magnetic Stimulation (TMS). On 1/7/15 Utilization Review non-certified Acupuncture, extended up to twelve visits (eight more), and Physical therapy for the cervical and thoracic spine, three times weekly for four weeks. The MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical and thoracic spine, three times weekly for four weeks:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: 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 functional 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 9-10 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 for the cervical and thoracic spine, three times weekly for four weeks is not medically necessary and appropriate.

Acupuncture, extended up to twelve visits (eight more): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: 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 multiple prior sessions of acupuncture for this chronic injury; 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, extended up to twelve visits (eight more) is not medically necessary and appropriate.

