

Case Number:	CM15-0012436		
Date Assigned:	01/29/2015	Date of Injury:	06/03/2014
Decision Date:	03/23/2015	UR Denial Date:	12/23/2014
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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 46-year-old female, who sustained an industrial injury on June 3, 2014. She has reported falling from a wooden crate and injuring her neck. The diagnoses have included cervical sprain/strain associated herniated nucleus pulposus and two to three millimeter disc osteophyte, cervical radiculopathy, lumbar sprain/strain, thyroid nodule and occipital neuralgia associate with trigger points. Treatment to date has included pain medication, physical therapy with 24 visits completed, and a home exercise program, electromyography (EMG)/ nerve conduction studies (NCS), acupuncture therapy, H-wave therapy and regular follow up. Currently, the IW complains of low back and neck pain with spasms and weakness of the hands. Neck pain was documented from range four to a six on a scale of ten and low back pain was rated a four to nine. Pain was intermittent and stabbing in nature. Pain radiated down lower extremities. A magnetic resonance imaging of the lumbar spine revealed L4-5 and L5-S1 broad-based disc bulge which contributes to bilateral neural narrowing. On December 23, 2014, the Utilization Review decision non-certified a request for ten sessions of acupuncture to the neck and physical therapy two times per week for four weeks, noting that the worker had received physical therapy and the documentation was unclear of the results of the past therapy and why there was a need for additional visits. Acupuncture therapy is indicated as an adjunct for physical rehabilitation but again the documentation was not clear as to the medical necessity for the request. The MTUS, Chronic Pain Medical Treatment Guidelines was cited. On January 14, 2015, the injured worker submitted an application for IMR for review of ten sessions of acupuncture to the neck and physical therapy two times per week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 times 10 for the neck: 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 neck; acupuncture

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines clearly state that 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. The medical records do not indicate that pain medication is reduced or not tolerated. There is also no indication that this would be used in conjunction with physical rehabilitation and/or surgical intervention. ODG states regarding shoulder acupuncture, Recommended as an option for rotator cuff tendonitis, frozen shoulder, subacromial impingement syndrome, and rehab following surgery. and additionally specifies the initial trial should be 3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) The medical records indicate that a utilization review has approved for a trial course of 6 acupuncture sessions. There is no evidence provided that indicates the patient has experienced functional improvements as a results of acupuncture. As such, the request FOR Acupuncture 1 times 10 for the neck is not medically necessary.

Additional physical therapy 2 times 4 for the neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 64-194,Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Upper back; physical medicine

Decision rationale: MTUS refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG writes regarding neck and upper back physical therapy, Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion. ODG further quantifies its cervical recommendations with Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks; Sprains and strains of neck = 10 visits over 8 weeks. Regarding physical therapy, ODG states Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is

moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. There is insufficient medical evidence regarding the functional from the previous PT visits and what the goals are for future visits. Therefore, the request for Additional physical therapy 2 times 4 for the neck is not medically necessary.