

Case Number:	CM15-0017705		
Date Assigned:	02/06/2015	Date of Injury:	05/21/2014
Decision Date:	03/25/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/29/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 67 year old female who sustained an industrial related injury on 5/21/14. The injured worker had complaints of chronic neck and right upper extremity pain. Treatment included massage therapy, physical therapy, and medications. Medications included Relafen and Protonix. Diagnoses included neck sprain/strain, lateral epicondylitis, and hand joint pain. The treating physician requested authorization for 12 acupuncture sessions for the neck and 12 physical therapy sessions for the neck. On 12/29/14 the requests were modified or non-certified. Regarding acupuncture, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted the request was modified to 6 sessions. If functional improvement is documented acupuncture treatments may be extended. Regarding physical therapy, the UR physician cited the MTUS guidelines and noted the injured worker has attended 20 previous physical therapy sessions. The medical records do not document a rationale for additional physical therapy above guideline recommendations. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) acupuncture sessions for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Neck and Upper Back (Acute & Chronic), Acupuncture

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines 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 documents did not provide detail regarding patient's increase or decrease in pain medication. Further, there was no evidence to support that this treatment would be utilized as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. Additionally, medical documents do not indicate that pain medications is not tolerated. ODG states regarding Acupuncture of the neck and upper back, Under study for upper back, but not recommended for neck pain. Additionally, ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks. Medical notes does not appear to indicate prior acupuncture sessions. The request for 6 visits is in excess of the recommended 3-4 sessions. The treating physician does not detail extenuating circumstances that would warrant exception to the guidelines. The previous UR modified the request to allow for 6 sessions. As such, the request for Acupuncture sessions QTY: 12 is not medically necessary.

Twelve (12) physical therapy sessions for the neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 65-194, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Neck and Upper Back, Physical Therapy, ODG Preface Physical Therapy

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. These are not documented. Medical records do indicate there have been

20 session prior of physical therapy. The treating physician does not provide adequate indication or medical necessity for further physical therapy sessions. There is no documentation of home exercise program. As such, the request for 12 sessions of physical therapy for the neck is not medically necessary.