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| Case Number: | CM15-0018743 | | |
| Date Assigned: | 02/06/2015 | Date of Injury: | 05/31/2013 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 01/06/2015 |
| Priority: | Standard | Application Received: | 02/02/2015 |

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: Family Practice

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 57 year old female, who sustained an industrial injury on May 31, 2013. The diagnoses have included status post right ulnar nerve release and medial epicondylectomy, right shoulder tendinitis, cervical strain with degenerative disc disease, and lumbar strain with degenerative disc disease. Treatment to date has included a functional capacity evaluation, lumbar epidural steroid injection (ESI), physical therapy, and medications. Currently, the injured worker complains of neck and back pain with weakness in the right upper extremity in the shoulder and elbow, and mild tingling in the fingers. The Primary Treating Physician's report dated December 31, 2014, noted positive tenderness in the paralumbar musculature with positive muscle spasming and pain on full flexion of the lumbar spine. The right shoulder and elbow were noted to be improved since surgery. On January 6, 2015, Utilization Review non-certified physical therapy 2-3x6 weeks and acupuncture 2-3x6 weeks, for the lumbar spine, with modified approval for physical therapy x6 sessions and acupuncture x6 sessions, for the lumbar spine, based on available reports and MTUS guidelines. The MTUS Chronic Pain Medical Treatment Guidelines and the MTUS Acupuncture Medical Treatment Guidelines were cited. On February 2, 2015, the injured worker submitted an application for IMR for review of physical therapy 2-3x6 weeks and acupuncture 2-3x6 weeks, for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine 2-3 times a week for 6 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 the MTUS guidelines, 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement. The MTUS guidelines recommend up to 10 sessions of physical therapy treatments for this injured worker's condition. The requested number of treatments exceeded the recommended amount and modification has already been rendered. As such, the request for Physical therapy for the lumbar spine 2-3 times a week for 6 weeks is not medically necessary.

Acupuncture for the lumbar spine 2-3 times a week for 6 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 the MTUS acupuncture guidelines, 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. The guidelines state that time to produce functional improvement is 3 to 6 treatments. The requested number of treatments exceeds the recommended amount and modification has already been made to 6 sessions of acupuncture. The request for Acupuncture for the lumbar spine 2-3 times a week for 6 weeks is not medically necessary.