

Case Number:	CM15-0075187		
Date Assigned:	04/27/2015	Date of Injury:	07/24/2014
Decision Date:	07/02/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/20/2015

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: Internal 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 31 year old female, who sustained an industrial injury on 7/24/2014. She reported gradual wear and tear leading up to an acute low back and right hip pain that developed into mid back and neck pain associated with headaches. Diagnoses include cervical strain and bilateral trapezoid sprain. Treatments to date include heat/ice and TENS unit, chiropractic therapy. Currently, she complained of pain in the neck and low back. On 12/18/14, the physical examination documented cervical tenderness with decreased range of motion. Foraminal compression test cause pain radiating to the upper thoracic region. The plan of care included acupuncture treatments and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the neck, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Work Loss Data Institute - Neck and upper back <http://www.guideline.gov/content.aspx?id=47589>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses acupuncture. MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated. The time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. Per MTUS, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints (Pages 173-175) states that invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. There is no high-grade scientific evidence to support the effectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. Work Loss Data Institute guideline for the neck and upper back (acute & chronic) indicates that acupuncture for upper back and neck pain is not recommended. Medical records document a history of sprain and strain of neck and sprain and strain thoracic region. The date of injury was 7/24/14. The chiropractic physiotherapy progress note dated 10/21/14 documented the completion of six visits. The treating physician's initial evaluation report dated 3/12/15 documented the diagnoses of repetitive strain injury of the neck and upper back with trigger points, minor disc bulge of the cervical spine, and cervicogenic headache. No functional improvement with past physical medicine treatments was documented in the 3/15/15 report. Twelve sessions of acupuncture were requested. MTUS Acupuncture Medical Treatment Guidelines indicate that the time to produce functional improvement is 3 to 6 treatments. The request for 12 acupuncture treatments exceeds MTUS guideline recommendations and is not supported by MTUS guidelines. ACOEM and Work Loss Data Institute guideline indicate that acupuncture is not recommended for neck and upper back conditions. Therefore, the request for acupuncture for the neck is not medically necessary.

Acupuncture for the upper back, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Work Loss Data Institute - Neck and upper back
<http://www.guideline.gov/content.aspxid=47589>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses acupuncture. MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated. The time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. Per MTUS, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints (Pages 173-175) states that invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit

in treating acute neck and upper back symptoms. There is no high-grade scientific evidence to support the effectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. Work Loss Data Institute guideline for the neck and upper back (acute & chronic) indicates that acupuncture for upper back and neck pain is not recommended. Medical records document a history of sprain and strain of neck and sprain and strain thoracic region. The date of injury was 7/24/14. The chiropractic physiotherapy progress note dated 10/21/14 documented the completion of six visits. The treating physician's initial evaluation report dated 3/12/15 documented the diagnoses of repetitive strain injury of the neck and upper back with trigger points, minor disc bulge of the cervical spine, and cervicogenic headache. No functional improvement with past physical medicine treatments was documented in the 3/15/15 report. Twelve sessions of acupuncture were requested. MTUS Acupuncture Medical Treatment Guidelines indicate that the time to produce functional improvement is 3 to 6 treatments. The request for 12 acupuncture treatments exceeds MTUS guideline recommendations and is not supported by MTUS guidelines. ACOEM and Work Loss Data Institute guideline indicate that acupuncture is not recommended for neck and upper back conditions. Therefore, the request for acupuncture for the upper back is not medically necessary.

Physical Therapy for the neck, 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Upper Back, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface Physical Therapy Guidelines. ODG Neck and Upper Back (Acute & Chronic) Physical therapy (PT).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Official Disability Guidelines (ODG) recommend 9 visits over eight weeks for cervicalgia. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Medical records document a history of sprain and strain of neck and sprain and strain thoracic region. The date of injury was 7/24/14. The chiropractic physiotherapy progress note dated 10/21/14 documented the completion of six visits. The treating physician's initial evaluation report dated 3/12/15 documented the diagnoses of repetitive strain injury of the neck and upper back with trigger points, minor disc bulge of the cervical spine, and cervicogenic headache. Twelve session of physical therapy were requested. No functional improvement with past physical therapy was documented in the 3/15/15 report. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to

continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The request for physical therapy 12 sessions exceeds MTUS and ODG guidelines, and is not supported. Therefore, the request for physical therapy 12 sessions for the neck is not medically necessary.

Physical Therapy for the upper back, 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Upper Back, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface Physical Therapy Guidelines. ODG Neck and Upper Back (Acute & Chronic) Physical therapy (PT).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Official Disability Guidelines (ODG) recommend 9 visits over eight weeks for cervicalgia. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Medical records document a history of sprain and strain of neck and sprain and strain thoracic region. The date of injury was 7/24/14. The chiropractic physiotherapy progress note dated 10/21/14 documented the completion of six visits. The treating physician's initial evaluation report dated 3/12/15 documented the diagnoses of repetitive strain injury of the neck and upper back with trigger points, minor disc bulge of the cervical spine, and cervicogenic headache. Twelve session of physical therapy were requested. No functional improvement with past physical therapy was documented in the 3/15/15 report. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The request for physical therapy 12 sessions exceeds MTUS and ODG guidelines, and is not supported. Therefore, the request for physical therapy 12 sessions for the upper back is not medically necessary.