MAXIMUS Federal Services

Case Number:	CM15-0128959		
Date Assigned:	07/15/2015	Date of Injury:	11/04/2011
Decision Date:	10/13/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	07/02/2015

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: Texas, Florida, California
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 53 year old female, who sustained an industrial injury on 11-4-11. The injured worker was diagnosed as having neck muscle strain, chronic; cervical disc disorder, C4-5 and C5-6 disc protrusion C6-7 disc bulge; thoracic spine strain. Treatment to date has included physical therapy; chiropractic therapy; acupuncture; medications. Currently, the PR-2 notes dated 7-23-15 indicated the injured worker complains of neck, mid back and low back injury. The provider notes the reason for the PR-2 is a change in the injured worker's condition and requesting authorization. She is in this office for a follow-up of her right side of neck and mid back pain. He notes she is working with no restrictions. She reports to the provider she has another injury on 4-15-15 "when reaching over a desk when she experienced right-side mid back pain". She was treated with 3 sessions of acupuncture. On 7-17-15 she reports "yet another injury to the right-side of neck and mid back after lifting a 1-1.5 inch binder above the shoulder level". Objective findings are noted that she is in no acute distress and reaching back with her right arm pounding her back. On physical examination, the provider documents, for the cervical spine there is no swelling, no skin color changes, no tenderness to the spine or tenderness to the paraspinals and trapezius. She has active range of motion with flexion noted 45 out of 50, extension 40 out of 60, right rotation 65 out of 80, left rotation 35 out of 80, right lateral 30 out of 45 and left lateral flexion 25 out of 45. He notes her neurovascular portion of the examination as motor strength 5 out of 5 with proximal and distal and her sensation to light touch is intact, as well as a negative Spurling's. The thoracic examination is documents as tenderness to the bilateral thoracic paraspinals, subscapular, lumbosacral junction and bilateral sacroiliac joint sciatic notch. She has active range of motion and is self-limited in forward flexion and extension at 50% of expected, in bilateral rotation and bilateral lateral flexion at 75% of expected. The

neurovascular examination is documented as motor strength 5 out of 5 proximal and distal, sensation light touch is intact, negative bilateral straight leg raising, negative bilateral extensor hallux longus, normal gait. The provider documents she has an x-ray of the thoracic spine on 4-22-15 with no acute findings. The treatment plan includes an ergonomic evaluation of her work station, continue ice-heat, continue home exercise program, work status is full duty and 6 sessions of acupuncture. A provider letter dated 7-7-12 was submitted indicating the injured worker was seen on an initial visit 6-22-13 for acupuncture treatment. The letter documents the injured worker came to the office seeking relief from wrist and shoulder pain after a work related incident on 2-15-12. It is also noted she experienced upper arm pain and low energy. The provider documents that "after each acupuncture treatment, she reports that her pain is reduced by 50% for a couple of days and then the pain gradually increases. The provider documents "Her arm soreness and swelling also decreased after treatment. After her last visit today, she reported that she felt 30% improved overall from her last visit." The provider submitted the day notes for 6-22-12 and 7-6-12 acupuncture services. A Request for Authorization is dated 7-2-15. A Utilization Review letter is dated 6-2-15 and non-certification was Acupuncture for the lower back, once weekly for six weeks and Myofascial release. Utilization Review denied the services due to the provider "did not provide any recent subjective and objective clinical findings or evidence of prior care leading to functional improvement." The provider is requesting authorization of Acupuncture for the lower back, once weekly for six weeks and Myofascial release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lower back, once weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: This claimant was injured in 2011 and was diagnosed as having chronic neck muscle strain, a cervical disc disorder, C4-5 and C5-6 disc protrusion C6-7 disc bulge; and a thoracic spine strain. There was prior acupuncture. There were subjective pain improvements noted by the pain provider after each acupuncture session, but the objective functional improvement out of the treatment is not noted. The MTUS notes frequency and duration of acupuncture or acupuncture may be up to 6 treatments to confirm what it defines as 'objective functional improvement'. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). This frequency and duration requested is now above guides as to what may be effective as a trial, and there is no objective documentation of effective functional improvement in the claimant out of the initial three sessions. The request for more was appropriately non-certified under the MTUS Acupuncture criteria and therefore is not medically necessary.

Myofascial release: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: This claimant was injured in 2011 and diagnosed as having a neck muscle strain, chronic; cervical disc disorder, C4-5 and C5-6 disc protrusion, C6-7 disc bulge; thoracic spine strain. Treatment to date has included physical therapy and chiropractic therapy. As of July, the claimant continued with upper arm pain and low energy. The objective functional improvement out of the treatment is not noted. The MTUS stipulates that the intended goal of this form of chiropractic care is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. These criteria of success are not noted in this case. It also notes that for elective and maintenance care, such as has been used for many years now in this case, is not medically necessary. The guides further note that treatment beyond 4-6 visits should be documented with objective improvement in function, which again is not documented. The request was appropriately non-certified when contrasted with MTUS criteria and therefore is not medically necessary.