

<b>Case Number:</b>	CM13-0020375		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	11/30/1995
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 75-year-old female injured on 11/30/95. The clinical records indicate injuries to both the neck and low back. A recent clinical assessment for review dated 7/5/13 indicated continued complaints of pain with no interval or significant change but continued symptoms to both the shoulders and thoracic, lumbar, and cervical spine. Physical examination showed the claimant to walk with a cane, fixed cervical posture, restricted range of motion, and no documentation of neurologic deficit to the upper or lower extremities. There were noted to be multiple trigger points to the paracervical and trapezius region. The claimant was diagnosed with post-laminectomy syndrome status post multiple described fusion procedures, the most recent of which being 2009. Acupuncture has been noted to have taken place as recently as 7/22/13 where she had attended six sessions throughout July. A 7/23/13 request indicated the need for continued use of acupuncture for six additional sessions plus a prescription for continuation of physical therapy for twelve sessions to the cervical spine as well as a CT scan with and without contrast to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE FOR 6 SESSIONS, TWO (2) TIMES PER WEEK FOR THREE (3) WEEKS IN TREATMENT TO THE CERVICAL SPINE: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Based on California MTUS Acupuncture Guidelines, continued acupuncture in this case would not be indicated. It is stated that the claimant had recently attended six sessions of acupuncture with a follow up clinical visit indicating no interval change or significant benefit documented. An additional six sessions of acupuncture given the time frame from injury and the lack of documented improvement would exceed guideline criteria and would not be indicated.

**PHYSICAL THERAPY TWO (2) TIMES PER WEEK FOR TWELVE (12) WEEKS IN TREATMENT TO THE CERVICAL SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE, Page(s): 98-99.

**Decision rationale:** CA MTUS Chronic Pain Guidelines recommend that physical therapy be used sparingly in the chronic setting. For a diagnosis of myalgias or myositis it recommends up to 9-10 sessions over an 8 week period of time. While the claimant is decades past the time of the work-related injury, the specific request for an acute need of physical therapy would exceed guideline criteria as twelve sessions are being requested. As stated, guidelines in the chronic setting would recommend no more than 9-10 visits over an 8 week period of time.

**COMPUTED TOMOGRAPHY (CT) SCAN OF THE LUMBAR SPINE WITH CONTRAST:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 48.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES, LOW BACK PROCEDURE - CT (COMPUTED TOMOGRAPHY)

**Decision rationale:** CA MTUS/ACOEM Guidelines are silent. Official Disability Guideline criteria would currently not support the necessity of CT imaging. The records indicate the need for CT scanning following fusion only if plain film radiographs do not confirm a fusion. The current clinical records indicate no acute symptoms in regard to the claimant's lumbar spine with no recent indication of plain film radiographs to confirm nor refute the presence of fusion. Therefore, the need for CT imaging with or without contrast in this case would not be indicated.

**COMPUTED TOMOGRAPHY (CT) SCAN OF THE LUMBAR SPINE WITHOUT CONTRAST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 48.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP , 18TH EDITION, 2013 UPDATES: LOW BACK PROCEDURE - CT (COMPUTED TOMOGRAPHY)

**Decision rationale:** CA MTUS/ACOEM Guidelines are silent. Official Disability Guideline criteria would currently not support the necessity of CT imaging. The records indicate the need for CT scanning following fusion only if plain film radiographs do not confirm a fusion. The current clinical records indicate no acute symptoms in regard to the claimant's lumbar spine with no recent indication of plain film radiographs to confirm nor refute the presence of fusion. Therefore, the need for CT imaging with or without contrast in this case would not be indicated.