

Case Number:	CM13-0028132		
Date Assigned:	11/22/2013	Date of Injury:	06/14/2012
Decision Date:	02/10/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 physician 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:

The patient is a 56-year-old male who reported a neck injury on 6/14/12; the patient was lifting a heavy steel toolbox, and the door fell onto the side of the patient's head while he was putting away the tools. Per the Panel Qualified Medical Examination dated 8/5/13, the patient has a long history of back problems predating the injury. The request was made for a physical therapy evaluation, physical therapy sessions, exercise, and manual therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

evaluation of the cervical/lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 179-180, 305-306.

Decision rationale: The ACOEM guidelines recommend a referral for surgical consultation for patients who have persistent severe and disabling shoulder or arm symptoms, activity limitation for more than one month with extreme progression of symptoms, clear clinical imaging of electrophysiologic evidence consistently indicating a lesion that has been shown to benefit from surgical repair in both the long-term and short-term, and unresolved radicular symptoms after

receiving conservative treatment. The patient had a normal cervical spine examination; he was neurovascularly intact, and motor testing was noted to be 5/5, but he had tenderness over the paracervical musculature. The patient had an MRI of the cervical spine without contrast, which revealed moderate right foraminal narrowing due to asymmetric right facet hypertrophy at C2-3; at C3-4, there was severe right foraminal narrowing present due to constellation of degenerative factors; at C4-5, there was mild bilateral foraminal narrowing present; at C5-6, there was a small disc protrusion with severe left foraminal narrowing that was slightly less severe than the right foraminal narrowing; at C6-7, there was a moderately sized disc protrusion with spinal stenosis and bilateral foraminal narrowing, severe on the left and moderate to severe on the right. The clinical documentation failed to show the patient had severe disabling shoulder or arm symptoms, and failed to indicate the patient had symptoms that correlated with imaging findings. This portion of the request would not be supported. The ACOEM guidelines recommend a referral for surgical consultation for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise. They further state that there should be clear clinical imaging of and electrophysiologic evidence of a lesion that has been shown to benefit in both the short-term and long-term from surgical repair, and that there be failure of conservative treatment to resolve disabling radicular symptoms. Per documentation by the Panel Qualified Medical Examination, the patient had an electrodiagnostic study of the lower extremities on 9/29/12 which revealed the bilateral tibial plantar peroneal motor nerve responses were normal. The bilateral sural saphenous and superficial peroneal sensory responses were unremarkable and the H-reflex and F-wave responses were normal. The patient had an MRI of the lumbar spine which revealed a mild broad-based left paracentral foraminal disc protrusion and facet arthropathy with overgrown facets at L4-5. There was moderate narrowing of the left lateral recess with questionable mass effect on the left transiting L5 nerve root and there was moderate left neural foraminal stenosis. The patient had diminished sensation in the inner aspect of the left leg in the L5-S1 nerve root distribution. The patient indicated that that he was feeling better with t

acupuncture without electrical stimulation for 15 minutes three times weekly for six weeks:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated. It is also recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. 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 time to produce functional improvement is 3-6 treatments. Acupuncture treatments may be extended if functional improvement is documented, including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review indicated the patient had positive tenderness over the paracervical musculature in the cervical spine. The patient had an unknown

number of previous acupuncture sessions, but there was a lack of documentation of objective functional improvement. Additionally, as the patient had participated in initial sessions of acupuncture prior to the date of request, this would not be an initial acupuncture session request. The clinical documentation however, failed to provide the patient had necessity for 18 sessions, as this would be excessive per California MTUS guidelines. Given the above, the request is not medically necessary.

additional acupuncture without electrical stimulation for 15 minutes three times weekly for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated. It is also recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented, including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review indicated the patient had positive tenderness over the paracervical musculature in the cervical spine. The patient had an unknown number of previous acupuncture sessions, but there was a lack of documentation of objective functional improvement. The clinical documentation submitted for review indicated that there was a concurrent request for acupuncture without electrical stimulation for 15 minutes three times weekly for six weeks as an initial request; however, the patient had previously received acupuncture. This request for additional acupuncture would not be supported, as there is lack of documentation indicating the number of sessions received. Given the above, the request is not medically necessary.

acupuncture with electrical stimulation for 15 minutes three times weekly for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated. It is also recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. 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 time to produce functional improvement is 3-6 treatments. Acupuncture treatments may be extended if functional improvement is documented, including either a clinically significant improvement in activities of daily living or a reduction in work

restrictions. The clinical documentation submitted for review indicated the patient had positive tenderness over the paracervical musculature in the cervical spine. The patient had an unknown number of previous acupuncture sessions, but there was a lack of documentation of objective functional improvement. Additionally, as the patient had participated in initial sessions of acupuncture prior to the date of request, this would not be an initial acupuncture session request. The clinical documentation however, failed to provide the patient had necessity for 18 sessions, as this would be excessive per California MTUS guidelines. Given the above, the request is not medically necessary.

physical therapy evaluation: Upheld

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

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

Decision rationale: The California MTUS states that physical medicine with passive therapy can provide short-term relief during the early phases of pain treatment. The two together are beneficial for controlling symptoms such as pain, inflammation and swelling, and for improving the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis; 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review indicated that the patient had pain with extension and lateral bend of the cervical spine and also pain with full extension of the lumbar spine. There was a lack of documentation indicating the number of sessions the patient had participated in previously. At this point, the patient should be well versed in a home exercise program. There was a lack of documentation of functional deficits to support the need for a physical therapy evaluation. Given the above, the request for a physical therapy evaluation is not medically necessary.

15 minutes of therapeutic procedure/exercise: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

15 minutes of manual therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The California MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and, with objective functional improvement, a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success, and the time to produce effect is 4-6 treatments. Several studies of manipulation have looked at the duration of treatment; patients generally showed measured improvement within the first 3-6 visits, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4-6 visits should be documented with objective improvement in function. The clinical documentation submitted for review failed to provide the necessity for manual therapy. Additionally, it failed to provide prior treatments to indicate if this was a continuation of previous treatment or treatment for an acute flare-up. There was also a lack of documentation indicating the number of sessions being requested. Given the above, the request is not medically necessary.