

Case Number:	CM13-0029962		
Date Assigned:	02/03/2014	Date of Injury:	04/25/2011
Decision Date:	04/24/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/25/2013

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 Occupational Medicine and is licensed to practice in California and Oklahoma. 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:

The patient is a 56-year-old male who was injured on 07/26/1985 to 04/25/2011. The patient has symptoms that have resulted from repetitive motion cumulative trauma exposures over the past 31 years sustaining injury to his neck, bilateral shoulders, and bilateral knees. Prior treatment history has included physical therapy. 08/26/2013 documented the patient to have complaints of constant neck pain, which is activity dependent. He reports stiffness with looking side-to-side, right greater than left. There is constant stiffness and occasional headaches that result when he has increased neck pain. With regards to the lower back, the patient reports constant lower back pain with a pulling and tightness sensation. He has difficulty with bending, stooping and with prolonged standing and walking. He is unable to run due to increased pain. The pain does not radiate. He also complains of bilateral shoulder pain and bilateral knee pain. Objective findings on exam included: Examination of the cervical spine: Slight pain with forward head posture on inspection. There was positive cranial vault compression and foraminal vault compression. With cranial vault compression, there is pain in the occiput for bilateral foraminal vaults without radicular pain. Muscle spasm of the paracervical region as well as cervical spine and paracervical musculature. There is pain over the base of the occiput. Range of motion reveals: flexion 15 degrees, extension 30 degrees, right rotation 70 degrees, left rotation 70 degrees, right lateral flexion 10 degrees and left lateral flexion 12 degrees. Examination of the lumbar spine: Measurements were in the thigh left 45 cm bilaterally and calf 41 cm bilaterally. Tenderness was positive in the spine and paralumbar. Lumbar range of motion: flexion 25 degrees, normal 60 degrees; extension, right lateral bend and left lateral bend 10 degrees, normal 25 degrees. Neurological exam was normal. Deep tendon reflexes trace in the patellar and Achilles. Sensation was intact. Muscle strength of the quadriceps and hamstrings was 5/5 bilaterally. L5

and S1 muscle strength 5.5 bilaterally. Diagnoses: 1. Cervical sprain/strain 2. Thoracic sprain/strain 3. Lumbar strain/sprain 4. Occipital nerve neuralgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rehabilitative therapy for the cervical and lumbar spine (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: CA MTUS detailed guideline for physical medicine as: "Recommended as indicated below. 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 levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)." The claimant has not been treated for orthopedic issues in the past and has not received any physical therapy. Chronic pain treatment guidelines cited above recommend physical therapy. Considering that, the claimant has ongoing symptoms in the cervical spine; I recommend partial certification of six sessions of physical therapy to the cervical spine only. Three times a week for two weeks to manage this issue and proper instruction for transitioning to home-based, self-directed physical therapy.

Acupuncture for occipital neuralgia (12 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is noted that the patient has a complaint of pain in the occipital region of the head. However, there are no subjective complaints of persistent headaches in the medical records that were sent to me. Additionally is unclear how acupuncture would address the cause of occipital neuralgia. Therefore, the requested treatment is not medically necessary.