

Case Number:	CM13-0036135		
Date Assigned:	12/13/2013	Date of Injury:	01/03/2012
Decision Date:	02/06/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/18/2013

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 Anesthesiologist, Pain Medicine 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 43-year-old female who reported an injury on 01/03/2012. The mechanism of injury was documented as the patient was pushing a filing cart which stopped abruptly causing her to be thrown forward onto the cart whereupon files had fallen to the floor. As she picked them up, she realized she had pain in her neck down through her lumbar spine. The patient has been treated for injuries to her lower back area, neck, bilateral arms, bilateral hands, and bilateral lower legs. Her diagnoses as of 10/2013 were cervical spine discogenic pain with radiculopathy and lumbar spine bilateral lower extremity radiculopathy. The patient has utilized different conservative modalities to help treat her pain. These include oral medications, physical therapy, acupuncture, and a home exercise program. The patient was most recently seen in 11/2013 and was placed on modified duty to include limited stooping and/or bending; limited standing or walking; and limited lifting, pushing, and pulling of 10 pounds. The patient is currently taking ibuprofen, Soma at bedtime, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for cervical spine and lumbar spine, quantity 24: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: Regarding the first request for acupuncture for the cervical spine and lumbar spine, quantity of 24 sessions, according to the California MTUS, acupuncture guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten function 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 anxious patients, and reduce muscle spasm. Frequency and duration of acupuncture, acupuncture with electrical stimulation may be performed as follows: Time to produce functional improvement 3 to 6 treatments, frequency 1 to 3 times per week, optimum duration is 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented as defined in section 9792.20 (F). Official Disability Guidelines has also been referred to in this case, and it states that acupuncture is under study for the upper back, but is not recommended for neck pain. Despite substantial increase in its popularity and use, the efficacy of acupuncture for chronic mechanical neck pain still remains unproven. Based on the above aforementioned guidelines and based on the documentation, the medical necessity for acupuncture has not been established. Furthermore, the patient has already undergone acupuncture sessions with no thorough documentation of the efficacy of this treatment. As such, the requested service for acupuncture of the cervical and lumbar spine cannot be warranted and is non-certified.

Physical therapy for cervical and lumbar spine: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for physical therapy for cervical and lumbar spine with a quantity of 6, California MTUS states that active therapy is based on the philosophy that only therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. Patients are allowed 9 to 10 visits over 8 weeks for myalgia and myositis unspecified, and 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis unspecified. The patient had already been authorized 6 visits for physical therapy in 10/2013. The documentation does not provide any objective measurements pertaining to the efficacy of this treatment. Without having sufficient documentation of functional improvement, additional physical therapy sessions cannot be warranted. As such, the requested service is non-certified.

Magnetic resonance imaging (MRI) cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, magnetic resonance imaging (MRI).

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for magnetic resonance imaging of the cervical spine, California MTUS/ACOEM Practice Guidelines states that MRIs are recommended for acute neck and upper back conditions when red flags for fracture, neurologic deficit associated with acute trauma, tumor, or infection are suspected. Official Disability Guidelines has also been referred to in this case and states that repeat MRIs are not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology, for example, tumor, infection, fracture, neural compression, and recurrent disc herniation. The patient underwent a cervical MRI in 06/2013. The documentation does not indicate any red flags pertaining to this patient's current pathology warranting a repeat MRI. The patient has continued to complain of moderate pain that interferes with her activities of daily living. However, there are no objective findings that would indicate the necessity for a repeat MRI at this time. As such, the requested service is non-certified.

Magnetic resonance imaging (MRI) of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, magnetic resonance imaging (MRI).

Decision rationale: California MTUS/ACOEM Practice Guidelines states that MRI imaging is recommended when cauda equina, tumor, infection, or fracture is strongly suspected and plain film radiographs are negative. It further states that magnetic resonance imaging is not recommended before 1 month and absence of red flags. Lastly, it states that MRI is a test of choice for patients with prior back surgery. The patient underwent an MRI of the lumbar spine in 06/2013 which only noted a 4 mm posterior disc bulge with a high intensity zone noted in the posterior aspect of the disc. There is mild central canal narrowing as well as mild bilateral neural foraminal narrowing at the L4-5 level, and at the L5-S1 there is a 6 mm posterior disc protrusion causing moderate to severe central canal narrowing with anterior and posterior displacement of the right S1 nerve root. The patient also had an EMG/NCV of the lower extremities which showed no abnormalities. The clinical documentation does not provide any objective information pertaining to any functional deficits in the bilateral extremities to warrant a repeat MRI. Official Disability Guidelines has also been referred to in this case and states that repeat MRIs are not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology, for example, tumor, infection, fracture, neural

compression, and recurrent disc herniation. At this time, the medical necessity for a repeat MRI of the lumbar spine cannot be established. As such, the requested service is non-certified.