

Case Number:	CM14-0003492		
Date Assigned:	01/31/2014	Date of Injury:	04/22/2013
Decision Date:	06/19/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/08/2014

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 Anesthesiology, 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:

The patient is an employee of [REDACTED] and has submitted a claim for neck and low back pain associated with an industrial injury date of April 22, 2013. Treatment to date has included medications, an unknown number of acupuncture sessions, 14 sessions of physical therapy, a home exercise program, and cortisone injection. Medical records from 2013 were reviewed, which showed that the patient complained of intermittent moderate neck pain with radiation to the right shoulder and hand, accompanied by numbing and tingling in his right hand. Pain was worsened with overhead movements and strenuous activities. The patient also reported intermittent moderate low back pain, worsened with prolonged standing and walking. On physical examination, the cervical spine revealed increased tone and tenderness about the right trapezius, levator scapula, and paracervical musculature. Range of motion was limited with a mildly positive Spurling's test. Examination of the right shoulder revealed tenderness about the anterior shoulder, lateral acromion, and acromioclavicular joint. Range of motion was limited and there was rotator cuff weakness. Speeds and Yergason's tests were positive. Examination of the lumbar spine revealed tenderness of the paravertebral musculature. Straight leg raise test was positive on the right and there was restricted range of motion. Muscle spasms were also reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE X8 FOR THE CERVICAL AND LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

Decision rationale: Acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for 3-6 treatments 1-3 times per week over the course of 1-2 months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, two medical notes dated June 12, 2013 and July 10, 2013 indicated a prescription for eight acupuncture sessions. However, there was no discussion regarding functional improvement with these sessions. Therefore, there is no clear indication for continued acupuncture therapy. As such, the request is not medically necessary.

MRI OF THE CERVICAL SPINE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CERVICAL AND THORACIC SPINE DISORDERS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), 8, 179-180

Decision rationale: According to pages 179-180 of the ACOEM Practice Guidelines, imaging studies are supported for red flag conditions, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program, and clarification of the anatomy prior to an invasive procedure. In this case, the patient presented with radiating neck pain and a positive Spurling's test; thus, there is evidence of possible neurologic dysfunction. As such, the request is medically necessary.

PHYSICAL THERAPY X8 FOR THE CERVICAL SPINE AND RIGHT SHOULDER:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , 9792.24.2, 98-99

Decision rationale: According to pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, and range of motion. It can also 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. In addition, guidelines allow for fading of treatment frequency from up to three visits per week to one or less plus the addition of active self-directed home physical medicine. In this case, a medical note dated September 18, 2013 revealed that there was failure of conservative management, including 14 sessions of physical therapy. Thus, functional improvement was not achieved with physical therapy. Moreover, guidelines encourage active self-directed home physical medicine. There is no clear indication for continued physical therapy. As such, the request is not medically necessary.