

<b>Case Number:</b>	CM14-0005718		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	06/11/2012
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 a 44-year female with a 6/11/11 date of injury due to cumulative trauma. 10/14/13 constant neck pain with radiation to the shoulder and down into the elbows. There were also complaints of radiating low back pain. Clinically, there was reduced cervical and lumbar range of motion with pain, but intact neurological examination. X-rays of the lumbar and cervical spine were referenced. 1/6/14 re-requested conservative treatment and imaging, but did not discuss reason for prior adverse determination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy 1 x 6 to cervical/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 ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter.

**Decision rationale:** This request obtained an adverse determination due to lack of documented functional improvement from prior PT. 2 sessions were recommended at that time to reinforce

home exercise program. Following prior adverse determination, a more recent progress note was provided. However, there was remained no documentation of functional improvement from prior PT. Guidelines require documentation of functional improvement from prior treatment, before additional treatment is substantiated. The request for an additional 6 sessions of PT is not substantiated.

**Acupuncture 1 x 6 for the cervical and lumbar spine:** Overturned

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

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

**Decision rationale:** Medical necessity for the requested acupuncture is not established. This request was modified from 6 sessions of acupuncture to 3 sessions, in order to establish efficacy. CA MTUS Acupuncture Medical Treatment Guidelines state that 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. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. As the patient has failed other conservative treatments, there is continued pain with reduced range of motion, and guidelines support up to 6 sessions of PT to establish efficacy for this treatment modality. The request is substantiated.

**MRI for cervical spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI (magnetic resonance imaging).

**Decision rationale:** Medical necessity for the requested cervical MRI is not established. This request obtained an adverse determination due to lack of neurological deficits on physical examination. CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination. Within the context of this appeal, there remain no focal neurological deficits or discussion of a red flag diagnosis. The request is not substantiated.

**MRI for 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 8 Neck and Upper Back Complaints Page(s): 176. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter; MRI.

**Decision rationale:** Medical necessity for the requested lumbar MRI is not established. This request obtained an adverse determination due to lack of neurological deficits on physical examination. CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination. Within the context of this appeal, there remain no focal neurological deficits or discussion of a red flag diagnosis. The request is not substantiated.