

Case Number:	CM14-0007009		
Date Assigned:	02/07/2014	Date of Injury:	10/03/2013
Decision Date:	07/11/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/18/2014

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 Occupational 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 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 42-year-old male who has submitted a claim for cervical sprain/strain, cervical radiculopathy, possible cervical disc herniation; thoracic sprain/strain; lumbar sprain/strain, lumbar radiculopathy, possible lumbar disc herniation; shoulder sprain/strain; right arm/wrist sprain/strain; myalgia and myositis unspecified; spasm of muscle; and left knee sprain/strain associated with an industrial injury date of October 3, 2013. Medical records from 2013 were reviewed. The patient complained of persistent pain of the neck, shoulders and low back. The neck pain was grade 10/10 in severity characterized as throbbing, aching, pulsating, burning and hot. The pain radiates into the right upper extremity and was aggravated by repetitive motions of the neck. The shoulder pain was 7/10 in severity, shooting, aching and sharp in character. It was aggravated by above shoulder level activities. Low back pain was grade 8/10, dull and achy with emphasis on the left side. It radiates to the left hip, thigh and leg. There was associated weakness in the lower extremities. Pain was aggravated by prolonged sitting and has difficulty rising from a lying or seated position. Physical examination showed moderate paraspinal tenderness on the cervical spine bilaterally. Foraminal compression test and shoulder depressor test reveal pain on the right side. There was nonspecific tenderness in both shoulders. Supraspinatus resistance test, Speed's-bicipital tendonitis, impingement maneuver and Yergason's sign reveal pain on the right shoulder. Examination of the lumbar spine revealed moderate paraspinal tenderness bilaterally. Valsalva, Kemp's test/Facet, Yeoman's and iliac compression reveal pain on the left side. Motor strength and sensation was intact. MRI of the cervical spine dated January 15, 2014 revealed disc protrusion throughout the mid cervical spine with mild central spinal canal stenosis particularly evident at C3-C4. MRI of the lumbar spine of the same date showed disc bulging at L3-L4 of 1-2mm with mild central spinal canal stenosis and mild bilateral neural foraminal narrowing. MRI of the right shoulder dated December 7,

2013 revealed supraspinatus and infraspinatus tendinosis accompanied by a partial thickness bursal-sided tear involving the posterior fibers of the supraspinatus tendon without definite evidence for full thickness tear, tendon retraction, or substantial focal muscle atrophy; and tendinosis involving the subscapularis tendon cranial fibers without flow thickness tear. Treatment to date has included medications, physical therapy, home exercise program, and activity modification. Utilization review, dated January 10, 2014, modified the request for acupuncture/physiotherapy treatment qty: 12.00 to acupuncture/physiotherapy treatment qty: 6.00 because the guidelines recommend a trial of up to 6 visits and allows for continued treatment if functional improvement is documented. The request for MRI of the lumbar spine and MRI of the cervical spine was denied because there is no compelling reason to support the medical necessity of the above requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE/PHYSIOTHERAPY, 2 TIMES A WEEK FOR 6 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the California MTUS Acupuncture Medical Treatment Guidelines, 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 a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, a progress report dated February 4, 2014 stated that the injured worker has been authorized for 6 visits of acupuncture and adjunctive physiotherapies. There was no documentation regarding the said sessions nor noted evidence of objective functional improvement from the treatments. There is no clear rationale for additional acupuncture sessions at this time. Furthermore, the present request failed to specify the body part to be treated. Therefore, the request for Acupuncture/Physiotherapy, 1 Times a Week for 6 Weeks is not medically necessary.

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER, MRI.

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines, 2nd Edition(2004) referenced by California MTUS, imaging of the lumbar spine is recommended in

patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommend MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. In this case, the injured worker still complains of low back pain. However, there is no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing MRI. The injured worker had an MRI of the lumbar spine done January 15, 2014 which revealed disc bulging at L3-L4 of 1-2mm with mild central spinal canal stenosis and mild bilateral neural foraminal narrowing. There is no clear indication for another lumbar MRI to be requested. Therefore, request for MRI of the Lumbar Spine is not medically necessary.

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-178.

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), NECK AND UPPER BACK CHAPTER, MRI.

Decision rationale: As stated on pages 179-180 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by California MTUS, imaging of the cervical spine is indicated for the following: patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommend MRI for the cervical spine for chronic neck pain after 3 months conservative treatment. In this case, the injured worker complained of persistent neck pain. However, there is no documentation of new injury or trauma to the spine. There is no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing MRI. Also, there is no documentation of treatment and failure of conservative therapy for 3 months. Guideline criteria were not met. Therefore, the request for MRI of the Cervical Spine is not medically necessary.