

<b>Case Number:</b>	CM14-0101684		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/27/2011
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 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 injured worker is a 28-year-old-female who sustained industrial injury on 10/27/11. Mechanism of injury is unknown. She has been complaining of lumbar back pain and radiculopathic leg pain, rated 9/10. She has been complaining of numbness and tingling sensation along her bilateral toes and rates her leg/foot pain 3/10. She also complained of neck and shoulder pain rated 7/10. She has pain along her parascapular shoulders with numbness and tingling sensation along her bilateral fingertips. Hand/shoulder pain was 2/10. She had lumbar surgery on 11/07/12 and S/P (status post) cervical artificial disc replacement 7/27/12. Physical exam showed decreased cervical ROM (Range of Motion). Cervical flexion: 30 degrees; extension 20 degrees; Right/left lateral bending: 20 degrees; Right/left rotation: 40 degrees. Physical exam of lumbar spine reveals mild tenderness on palpation. ROM: Lumbar flexion 80 degrees w/pain; extension 30 degrees w/pain; right lateral bending 40 degrees w/pain; left lateral bending 40 degrees; right/left rotation 40 degrees. Weakness was noted in the B/L extensor hallucis longus and peroneus muscles. Decreased sensation was noted in B/L leg in L5 and S1 distribution otherwise normal. Medications: Ibuprofen, Celebrex, Flexeril, Soma and Zanaflex. Diagnoses are cervical pain/radiculopathy/ HNP (Herniated Nucleus Pulposus) /Sprain. Recommendations for cervical, neck, and upper extremities to receive regular sessions of physical therapy twice a week for 1 month; massage therapy once a week for 1 month; for lower back and lower extremities recommendation to receive acupuncture therapy for her cervical and lumbar pain symptoms. Chiropractic therapy also recommended twice a week for 1 month for her upper and lower extremity. UR determination for physical therapy 2 times a week for 1 month for neck and upper extremities: Non-certified. For chiropractic therapy 2 times a week for 1 month for neck modified to chiropractic therapy twice a week for 3 weeks. Acupuncture was modified to therapy x 6.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Physical Therapy 2 times a week for 1 month for cervical, neck and upper extremities:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98.

**Decision rationale:** As per CA MTUS guidelines, physical medicine 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. ODG guidelines recommends 9 visits over 8 weeks for intervertebral disc disorders without myelopathy and 24 visits over 16 weeks for cervical post-surgical (fusion), and allow 10 PT visits over 8 weeks for shoulder impingement syndrome. CA MTUS - Physical Medicine; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise. In this case, the injured worker has previously received physical therapy. However, there is no documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of this modality in this injured worker. There is no evidence of presentation of any new injury / surgical intervention. Moreover, additional PT visits would exceed the guidelines criteria. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). Therefore, the request of Physical Therapy 2 times a week for 1 month for cervical, neck and upper extremities is considered not medically necessary or appropriate in accordance with the guideline.

### **Chiropractic therapy 2 times a week for 1 month for cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulations Page(s): 58.

**Decision rationale:** According to the CA MTUS guidelines, chiropractic treatment may be appropriate for treatment of chronic pain patients, in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. This injured has previously received unknown number of physical therapy and was previously approved for initial 6 visits of chiropractic treatment. However, there is no documentation of any significant improvement in pain, range of motion or function. Furthermore, the injured worker has restricted range of motion

of the cervical spine due to surgery. No further manipulation of the cervical spine is indicated in this case. At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Based on the documentation and guidelines, the request of Chiropractic therapy 2 times a week for 1 month for cervical spine is not medically necessary and appropriate.

**Accupuncture Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Chapter 4.5 Division of Worker's Compensation Subchapter 1.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines acupuncture.

**Decision rationale:** "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 functional recovery. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e). According to the treatment guidelines, Acupuncture may be an option for patients when pain medication is reduced or not tolerated, which is not the case of this patient. If implemented, the guidelines state 3-6 treatments is sufficient time to produce results, and additional treatments may only be indicated with documented functional improvement. There is no documentation of any improvement in pain or function with prior treatments. Therefore, the request of Acupuncture Therapy is not medically necessary and appropriate.