MAXIMUS Federal Services

Case Number:	CM14-0108852		
Date Assigned:	08/01/2014	Date of Injury:	10/13/2012
Decision Date:	12/24/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/14/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 53 year old male who was injured on 10/13/2012. He was diagnosed with cervical disc herniation, cervical stenosis, cervical radiculopathy, and secondary myofascial pain. There was limited information gathered about what treatments were used for his injury leading up to this request. The most recent progress note from before the request was an undated noted by the worker's primary treating physician (neurosurgeon) when the worker complained of neck pain rated 5/10 on the pain scale. Physical examination findings included limited range of motion due to pain. Magnetic resonance imaging (MRI) of the cervical spine was reviewed and summarized: "C6-7 disc osteophyte". He was then recommended a repeat cervical MRI, massage therapy, acupuncture, and cervical traction device. He was recommended to return to modified work with restrictions. On 6/12/14, there was a request for a pain specialist consultation in addition to the recommended treatments listed above.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Cervical Traction Device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Home Cervical (patient controlled) Traction

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back section, Traction

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) Guidelines states that cervical traction does not have high-grade scientific evidence to support its effectiveness or ineffectiveness. However, it may be considered on a trial basis with close monitoring. Continuation would need to be justified by evidence of functional benefit from previous treatments with traction. The Official Disability Guidelines (ODG) states that only home-based devices (in particular, the over-the-door type) are recommended for this trial as they come with lower risk than institutional traction devices that are powered. Also, the ODG recommends that it should be used only in combination with an exercise program and use beyond 2-3 weeks should be backed up by functional improvement. In the case of this worker, his cervical pain was persistent, however, it was unclear as to whether he was performing exercises which would be required before considering additional therapies such as the traction device. Also, the request for the cervical traction device, which was unspecified. Without a specific device mentioned in the request, it cannot be reviewed or considered for approval. Therefore, the unspecified cervical traction device will be considered medically unnecessary.

Consultation and Treatment with Pain Management,: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127,Chronic Pain Treatment Guidelines Opioids Page(s): 77, 81.

Decision rationale: The California MTUS/ American College of Occupational and Environmental Medicine (ACOEM) Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Specifically with those taking opioids, a pain specialist may be helpful and warranted in cases where subjective complaints do not correlate with imaging studies and/or physical findings and/or when psychosocial issue concerns exist, when dosing of opioids begins to approach the maximum recommended amounts, or when weaning off of opioids proves to be challenging. In the case of this worker, there was no explanation as to why the primary provider was requesting a pain specialist while also recommended conservative treatments. It is not clear if the worker had already attempted the conservative treatments recommended, either. Without an explanation seen in the documentation as to why trialing conservative therapies was not completed before seeking a pain specialist consultation (procedure, etc.), the consultation will be considered medically unnecessary.

6 Sessions of Acupuncture,: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California (MTUS) acupuncture guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker, it was unclear (from lack of sufficient historical documents) whether or not this request was for a trial or an extension of acupuncture. If it were an initial request, it might have been warranted, however, there was no evidence provided that the worker was engaged in a physical rehabilitation modality (exercise). Therefore, the acupuncture will be considered medically unnecessary.

6 Sessions of Massage Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back section, Massage

Decision rationale: The California MTUS Chronic Treatment Guidelines recommend massage therapy (up to 4-6 visits in most cases) as an adjunct to other recommended treatments such as exercise and may be helpful at attenuating diffuse musculoskeletal symptoms as well as anxiety and stress reduction. Passive treatments such as massage can lead to dependence and are not recommended for frequent sessions. Massage may be recommended for acute injuries, chronic pain (if not already trialed), and post-operatively. The Official Disability Guidelines (ODG) states that mechanical massage devices are not recommended. The ODG also allows massage therapy to continue beyond the trial period up to a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. In the case of this worker, there was insufficient information provided about what the worker was treated with (including massage therapy) previous to this request for 6 sessions of massage therapy. If this was an initial request, there might have been some justification to its trial, however, there was no evidence to suggest the worker was also engaging in a physical therapy modality such as exercise at the same time as this was not reported in the documents provided for review. Therefore, the massage therapy will be considered medically unnecessary.

MRI Cervical Spine without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: Based on the criteria in the California (MTUS) American College of Occupational and Environmental Medicine (ACOEM) Guidelines, most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, there was no evidence found in the limited documents provided for review that suggested there was a change in the worker's symptoms that would warrant repeat cervical MRI imaging. There was nor subjective or objective report suggesting a red flag diagnosis. Also there was no explanation included in the progress note which described the reason for the request in order to consider this an exception to the general guidelines. Therefore, the cervical MRI will be considered medically unnecessary.