

Case Number:	CM14-0014570		
Date Assigned:	02/28/2014	Date of Injury:	07/18/2012
Decision Date:	06/27/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/05/2014

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 Interventional Spine, 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 55 year old with an injury date of 7/18/12. Based on the 1/9/14 progress report provided by [REDACTED], the diagnoses are multiple level cervical disc protrusions, C5-C6 right-sided foraminal stenosis, cervicalgia, and right cervical radiculopathy significantly improved after two cervical epidural injections. A cervical spine exam on 1/9/14 showed tenderness to palpation at the midline and right paraspinous region of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X6 CERVICAL 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 MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Recommended as indicated below. Passive therapy (those treatment modalities that do not require.

Decision rationale: This patient presents with continued pain in the right upper arm (triceps area), and pain and hypersensitivity in the cervical spine at the midline and the right side of

midline. The treating physician has requested physical therapy for a spinal stabilization program. An 11/16/12 report states that the patient felt a pop in the neck during physical therapy session, and has shown minimal improvement. A 4/1/13 report states that the patient had an injury to the cervical spine during physical therapy. A 12/12/13 report shows that the pain is mostly in the neck, with numbness and weakness in right upper extremity. A 1/9/14 report states that the patient has improved significantly after a cervical spine epidural steroid injection. A review of the reports does not show any recent history of physical therapy. The MTUS guidelines state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Prior physical therapy has proved injurious to the patient's cervical spine, and the requested 12 sessions exceed MTUS guidelines. As such, the request is not medically necessary.

ACUPUNCTURE 2X6 CERVICAL 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, ,

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with continued pain in the right upper arm (triceps area), and pain and hypersensitivity in the cervical spine at the midline and the right side of midline. The treating physician has asked for acupuncture, but states no rationale for doing so. A 10/8/13 report states that the patient had 10 acupuncture sessions this year with no benefit. A 2/12/13 report shows that the pain is mostly in the neck, with numbness and weakness in the right upper extremity. A 1/9/14 report states that the patient has improved significantly after a cervical spine epidural steroid injection. The MTUS Acupuncture Medical Treatment Guidelines allow a 3-6 session trial before additional treatment sessions are allowed. In this case, the patient has shown no benefit from prior acupuncture sessions, and additional sessions are not appropriate when current conservative modalities are effective in treating pain. As such, the request is not medically necessary.