MAXIMUS Federal Services

Case Number:	CM14-0017591		
Date Assigned:	04/16/2014	Date of Injury:	05/25/2012
Decision Date:	06/03/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/12/2014

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 & 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 patient has submitted a claim for bilateral carpal tunnel syndrome, degeneration of cervical intervertebral disc, and neck and bilateral shoulders sprain/strain associated with an industrial injury date of May 25, 2012. The treatment to date has included oral analgesics, physical therapy, home exercise program, right carpal tunnel release and transcutaneous electrical nerve stimulation (TENS). The utilization review dated February 7, 2014 denied the requests for acupuncture x6 of the cervical spine and bilateral shoulders because there is no current evidence of musculoskeletal problem requiring treatment, and latest examination was not provided; MRI (magnetic resonance imaging) of the cervical spine because there was no evidence of cervical radiculopathy or neurological deficits; physical therapy x12 of the cervical spine and bilateral shoulders because functional improvements from prior physical therapy sessions were not documented, and no significant functional deficits were noted on the latest examination. The medical records from 2013 to 2014 were reviewed and showed persistent pain in the neck and bilateral shoulders and upper extremities, varying in intensity with numbness in the hands/fingers. The patient experiences headaches triggered by neck pain and stress. Physical therapy sessions for the neck, bilateral shoulders and hands were noted; however, objective functional improvements were not documented. Examination of the cervical spine revealed tenderness to palpation over the bilateral upper trapezii and levator scapula with limitation of motion due to pain, greater with extension than flexion. Spurling's test and axial compression tests were negative and deep tendon reflexes were intact. Examination of the bilateral shoulders was normal. The bilateral forearms and wrists/hands showed tenderness over the left dorsal wrist joint on examination. X-ray of the cervical spine reveals straightening of the normal cervical lordosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE CERVICAL SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: As stated in the California MTUS ACOEM, imaging of the cervical spine is supported in for red flag diagnoses where plain film radiographs are negative, or have unequivocal objective findings that identify nerve compromise on neurological exam and do not respond to treatment. In this case, the patient complaints of chronic neck pain; however, physical examination did not demonstrate consistent progressive neurological deficits. Therefore, the request for MRI (magnetic resonance imaging) of the cervical spine is not medically necessary.

ACUPUNCTURE FOR THE CERVICAL SPINE AND BILATERAL SHOULDERS, #6 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The CA MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation to hasten functional recovery. The time to produce functional improvement is after 3-6 treatment sessions with an optimum duration of 1-2 months. In this case, the patient has chronic neck and bilateral shoulder pain. The patient meets the guideline criteria of an adjunct physical rehabilitation since she has already been attending physical therapy sessions for the neck and bilateral shoulders. However, the documentation did not show intolerance to pain medications or plans of reducing intake. There is no indication for acupuncture treatment. Therefore, the request for acupuncture for the cervical spine and bilateral shoulders, #6 sessions, is not medically necessary.

PHYSICAL THERAPY CERVICAL SPINE AND BILATERLA SHOULDERS, #12 SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transitioned into a self-directed home program. In this case, the patient had previous physical therapy sessions; however, the number of therapy sessions the patient was able to complete was not mentioned. There is no evidence showing as to why the patient is still not well versed to perform independent exercises at home. Furthermore, the functional goals were not clearly defined, and limitation in activities of daily living caused by the neck and bilateral shoulder pain was not documented. Additional physical therapy sessions are not recommended. Therefore, the request for physical therapy of the cervical spine and bilateral shoulders, #12 sessions, is not medically necessary.