

Case Number:	CM14-0128133		
Date Assigned:	08/15/2014	Date of Injury:	11/02/2010
Decision Date:	09/16/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/12/2014

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, has a subspecialty in Pain Management 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 47 year old female who sustained an industrial injury on 11/02/2010. The treating diagnoses include sprains and strain of the lumbar region, lumbosacral radiculopathy, cervical disc disorder with myelopathy, and status post lumbar spine fusion on 5/21/2013. An operative report dated 4/23/2014 documents the patient received a C6-7 epidural steroid injection. According to the pain management follow-up report dated 6/5/2014, the patient reports significant improvement in neck and upper extremity symptoms since undergoing CESI in April. She reports cervical pain rated 4/10 and is not associated with any upper extremity symptoms. It increases with standing, sitting still and certain movements, but overall she has had great pain relief and much increased range of motion of her neck. She also continues with residual low back complaints with history of fusion, which increases with standing, walking, bending, and twisting and some of her daily routine, and is under control with regimen of medications. Medications include use of creams, Norflex, relafen, and patches. She is also seeing a psychiatrist. Physical examination documents cervical ROM is within normal limits with no complaint of pain. Impression: residual mild cervical pain with resolving radiculopathy and history of lumbar fusion with chronic lumbar pain. Recommendation is for repeat CESI to be considered in the future for severe exacerbation. According to the PTP follow-up report dated 6/9/2014, the patient continues complaints of chronic pain in her cervical and lumbar spines. Numbness and tingling in the lower extremities have subsided significantly but she still has myofascial pain. She has gotten much better after the cervical epidural injection. She is also being seen by psychiatrist who provides her benzodiazepines and Cymbalta. On physical examination, she is visibly uncomfortable, there is spasm and tenderness observed in the lumbar spine paravertebral muscles with decreased ROM on flexion and extension, decreased sensation noted in L5 and S1 dermatomal distribution bilaterally. There is decreased spasm and tenderness observed in the paravertebral muscles of the

cervical spine with increased ROM on flexion and extension. Request is made for physical therapy x 12 and acupuncture therapy x 6 for the cervical and lumbar spine. Diagnoses: lumbosacral radiculopathy and cervical disc disorder with myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 (Twelve) sessions 3X4, Cervical and Lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Exercise Page(s): 98-99 and 46-47.

Decision rationale: According to the CA MTUS guidelines, a therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. The medical records do not support that this patient presents with an exacerbation, flare-up or recent re-injury as to support a need for return to supervised physical therapy. The patient is more than 3 years post date of injury as well as more than one year post lumbar fusion. She describes improved cervical and lumbar spine pain as well as demonstrated improved and normal ROM and tenderness on examination. There are not reported motor strength deficits or notable limitations with functional ADLs. In addition, given the remote date of injury and surgical history, at this juncture, the patient would have undergone extensive supervised therapy to date, and should be well versed in an independent home exercise program. The guidelines state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The medical records do not establish the request for PT is medically necessary. The request is not medically necessary.

Acupuncture:Six (6) visits (3x2),Cervical and lumbar spine: 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 guidelines, "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. This criteria has not been established in the case of this patient. According to the medical records, the patient describes improved cervical and lumbar spine pain with resolving radicular symptoms. Her complaints are under control with her medication regimen. The medical records do not support that this patient presents with an exacerbation, flare-up or recent re-injury unresponsive to her current

conservative care regimen, as to support consideration for acupuncture therapy. The request is not medically necessary.