

Case Number:	CM14-0166100		
Date Assigned:	10/15/2014	Date of Injury:	07/20/2004
Decision Date:	11/19/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/08/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of July 20, 2004. In a Utilization Review Report dated September 11, 2014, the claims administrator denied a surgical consultation, denied a cervical MRI, partially approved a request for 12 sessions of manipulative therapy as 6 sessions of the same, and partially approved a request for 12 sessions of acupuncture as 6 sessions of the same. The applicant's attorney subsequently appealed. In an August 26, 2014 progress note, the applicant reported ongoing complaints of neck and upper extremity pain. Right upper extremity paresthesias and numbness were appreciated. The applicant was apparently using a TENS unit. The applicant posited that earlier acupuncture and manipulative treatment had proven helpful in diminishing her pain complaints. The applicant was having difficulty turning her head and driving, it was stated. The applicant was described as having prior cervical MRI imaging on December 9, 2011, notable for severe left-sided C5-C6 neuroforaminal stenosis with trace effacement of the anterior left cervical cord at the C5-C6 level. Limited cervical range of motion was noted with symmetric upper extremity reflexes. The applicant was apparently using Motrin, BuTrans, and Neurontin. A cervical MRI, surgical consultation, 12 sessions of acupuncture, and 12 sessions of manipulative therapy were endorsed. Lyrica was prescribed. It was stated that the applicant was having severe cervical radicular complaints and had evidence of severe neuroforaminal stenosis at the C5-C6 level. The applicant was permanent and stationary. It was stated that the updated cervical MRI would likely be use of preoperative planning purposes. It was stated that the applicant was permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical consult (re-evaluation) with [REDACTED]: Overturned

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 180, referral for surgical consultation is indicated in applicants who have persistent, severe, and disabling arm symptoms with clear clinical and/or imaging evidence of a lesion amenable to surgical correction, whose symptoms have persisted for greater than one month. In this case, the applicant does, in fact, have unresolved cervical radicular complaints, which have seemingly proven recalcitrant to conservative measures. The applicant has evidence of a lesion amenable to surgical correction at the C5-C6 level. Obtaining a surgical consultation is therefore indicated, given the failure of conservative measures. Accordingly, the request is medically necessary.

Cervical spine MRI (Magnetic Resonance Imaging), QTY: 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 182..

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, MRI or CT imaging is "recommended" to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, the applicant is seemingly considering an invasive procedure involving the cervical spine. The applicant is in the process of consulting a neurosurgeon to determine whether or not surgical intervention involving the cervical spine is indicated. Obtaining an updated MRI of the cervical spine for preoperative planning purposes is indicated. Therefore, the request is medically necessary.

Chiropractic treatment, QTY: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation topic. Page(s): 59-60.

Decision rationale: While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success, in this case, however, the attending provider has posited that conservative treatment has failed. Permanent work restrictions are imposed. Severe radicular complaints are noted. The applicant remains dependent on a variety of analgesic medications, including BuTrans, Lyrica, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request is not medically necessary.

Acupuncture treatment, QTY: 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request in question likewise represents a renewal request for acupuncture. While MTUS does acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement, in this case, however, there is no seeming evidence of such functional improvement. The applicant has been declared permanent and stationary with permanent restrictions. The applicant remains dependent on various opioid and non-opioid agents such as BuTrans and Lyrica. Surgical consultation is being sought on the grounds that conservative treatment has failed to ameliorate the applicant's reportedly severe cervical radicular pain. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS. Therefore, the request is not medically necessary.