

<b>Case Number:</b>	CM14-0025973		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	09/21/2012
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 is a 50 year old male who was injured on 09/21/2012 as slipped and fell at work. Diagnostic studies reviewed include MRI of cervical spine dated 02/21/2014 revealing straightening of the cervical lordosis. MRI of the lumbar spine dated 02/21/2014 reveals straightening of the lumbar lordosis with mild spondylosis throughout the entire lumbar spine. There is a 2-3 mm posterior L-1, L-2, L-3, L4, L4-L5 and L5-S1 posterior and intraformainal disc protrusions are noted without significant neurological impingement. EMG/NCV dated 02/06/2014 revealed a normal study of lower extremities. Progress report dated 01/02/2014 documents the patient with complaints of neck pain with radiation into the left upper extremity specifically to the shoulder which is constant and moderate. The patient also complains of increased low back pain with prolonged walking. Objective findings on examination of the cervical spine reveal there is pain at the spinous process at C1-7. There is pain/myospasm to palpation of the right and left suboccipital and right and left paraspinal, trapezius and scalene. Compression test is positive bilaterally. Right shoulder depression test is positive bilaterally. Examination of the lumbar spine reveals pain/myospasm to palpation of the right and left paravertebral muscles. There is pain to palpation at the sacroiliac joint. Kemp test is positive in the lumbar spine. Patrick's FABER is positive. Diagnoses: 1. Chronic cervical strain/sprain 2. Lumbosacral strain/sprain 3. Depressive disorder Utilization report dated 01/29/2014 states the request for chiropractic 2 x 6 weeks to the cervical and lumbar spine was not certified as the patient received chiropractic care in the past with no evidence of clinical gain or medical necessity is not evident. The request for acupuncture 1 x 6 to the cervical and lumbar spine was not certified as the submitted documentation does not outline the kind of response from prior acupuncture treatment and the prior number of visits rendered is not provided. The request for a pain management referral was not certified as the medical necessity has not been established,

according to the records. The request for ortho consultation was not certified as there is no documentation that the claimant has failed to respond from prior care and there are no imaging studies submitted for review to support the need for an orthopedic consultation at this time.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **CHIROPRACTIC SESSIONS 2 X 6 WEEKS TO THE CERVICAL SPINE AND LUMBAR SPINE.: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**Decision rationale:** The CA MTUS recommends manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions with the goal of positive symptomatic or objective measurable gains in functional improvement and the return to productive activities. The medical records document the patient has received chiropractic treatment in the past. However, the progress notes do not show any significant improvement in objective measurements such as pain level, ROM or strength with prior visits to demonstrate the effectiveness of chiropractic treatment. Therefore, the medical necessity of chiropractic treatment 2 x 6 weeks cannot be established at this time based on the documentation and guidelines.

#### **ACUPUNCTURE 1 X 6 TO THE CERVIAL SPINE 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:** As per CA MTUS 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. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The records indicate that the patient has received acupuncture in the past. However, there is no documentation of any improvement in pain level or functional gain with prior treatment. As such, the benefit of acupuncture in this patient is unknown. Therefore, the medical necessity of acupuncture is not established and is non-certified.

#### **REFER TO PAIN MANAGEMENT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Compensation, Pain Procedure Summary (updated 01/07/2014).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 - Independent Medical Examinations and Consultations, page 503.

**Decision rationale:** As per CA MTUS/ACOEM guidelines, "The occupational health practitioner may refer to other specialists 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." The clinical information is limited and there is no documentation of prior failed treatments to necessitate a referral to pain management; i.e. the patient's history of medications (i.e. NSAIDS, opioid analgesics, oral steroids, etc.) and his response is unclear. Therefore, the requested referral to pain management is non-certified.

**ORTHOPEDIC CONSULTATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Compensation, Pain Procedure Summary (updated 01/07/2014).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 - Independent Medical Examinations and Consultations, page 503.

**Decision rationale:** As per CA MTUS/ACOEM guidelines, "The occupational health practitioner may refer to other specialists 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." There is no indication that the patient is a surgical candidate in the medical records. There is no evidence of any neurological deficits. The EMG of the lower extremities was normal. MRI of the cervical spine has just showed straightening. The MRI of the L/S spine has showed mild spondylosis, but without neurological abnormalities. Therefore, the medical necessity of the requested referral is not established at this time.