

Case Number:	CM14-0034058		
Date Assigned:	06/20/2014	Date of Injury:	06/01/2005
Decision Date:	07/30/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/18/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 51-year-old female who reported an injury on 06/01/2005. The mechanism of injury was not provided. On 12/18/2013, the injured worker presented with complaints of pain and discomfort. Upon exam of the cervical spine, there was a positive Spurling's and a positive Tinel's. Prior therapy included acupuncture, physical therapy, an MRI of the cervical spine and medications. The diagnoses were cervical HNP and lumbar HNP. The provider recommended an MRI of the lumbar spine, acupuncture and physical therapy. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for an MRI of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state that unequivocal objective findings identifying

specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment. However, it is also stated that when the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The submitted documentation lacks evidence of physical exam findings of deficits related to the lumbar spine. Additionally, the included medical documents failed to show evidence of significant neurological deficits and documentation of a failed course of conservative treatment. In the absence of documentation showing the failure of initially recommended conservative care, including active therapies and neurological deficits on physical exam, an MRI is not supported by the referenced guidelines. As such, the request is not medically necessary.

Acupuncture (12) visits (2x6), for cervical spine, thoracic spine, lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture for 12 visits at 2 times a week times 6 weeks for the cervical spine, thoracic spine and lumbar spine is not medically necessary. The California MTUS Guidelines state that acupuncture is used as an option when pain medications are reduced or not tolerated. It must be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The recommended frequency and duration of acupuncture treatment is 3 to 6 treatments; and with evidence of functional improvement, 1 to 3 treatments a week are recommended for a duration of up to 2 months. The included medical documentation lacked evidence of the efficacy of the prior acupuncture treatments, and the amount of acupuncture visits that have already been completed was not provided. Additionally, the physical examination lacked evidence of deficits related to the thoracic and lumbar spines. There was also a lack of a measurable baseline with which to measure the efficacy of the acupuncture treatment. As such, the request is not medically necessary.

Physical therapy; (12) visits (2x6) for cervical spine, thoracic spine, 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 Page(s): 98.

Decision rationale: The request for physical therapy for 12 visits at 2 times a week for 6 weeks for the cervical spine, thoracic spine and lumbar spine is not medically necessary. The California MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed in and expected to continue active therapies at home as an extension of the treatment process in order to maintain

improvement levels. The guidelines allow for up to 10 visits of physical therapy for up to 4 weeks. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The amount of physical therapy visits that the injured worker has already completed was not provided. Additionally, injured workers are instructed in and expected to continue with active therapies at home as an extension of the treatment process in order to maintain improvement levels. The provider's request for an additional 12 visits of physical therapy exceeds the recommendations of the guidelines. The physical examination lacked evidence of measurable deficits in relation to the thoracic and lumbar spines. As such, the request is not medically necessary.