

<b>Case Number:</b>	CM14-0041387		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Internal 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:

Patient is an injured worker with cervical spine, lumbar back, and upper extremity conditions. Date of injury was 06-05-2013. Agreed Medical Evaluation (AME) report February 18, 2014 documented that the patient sustained an industrial injury involving multiple body parts on June 5, 2013, while employed at an elementary school, when she was attempting to restrain a student and was knocked down to the ground. The patient currently complains of neck pain, lumbar back pain, and upper extremity symptoms. Patient reported very minimal relief from physical therapy modalities. Medications included Levothyroxine and Ibuprofen. Primary treating physician's progress reports 6/17/13, 7/8/13, and 7/24/13 documented physical therapy. Primary treating physician's progress reports 8/12/13 and 8/21/13 document acupuncture treatments. Progress report 8/21/13 documented 8 acupuncture treatments. Primary treating physician's progress reports 8/21/13, 8/28/13, 9/23/13, and 10/18/13 documented chiropractic evaluation and treatment. The patient was treated with medication, icing, as well as physical therapy modalities and acupuncture treatment. Unfortunately, this proved to be unbeneficial in providing any long-term relief. Objective findings included cervical spine tenderness, range of motion loss of the cervical spine, radiographic evidence of straightening of normal cervical lordosis, MRI evidence of multi-level degenerative disc disease with bulging and facet hypertrophy. Diagnoses were cervical sprain/strain, industrial aggravation of multi-level cervical degenerative disc disease, bilateral carpal tunnel syndrome, bilateral shoulder contusions resolved, thoracic sprain/strain resolved, and lumbar sprain/strain with contusion of the coccyx resolved. The MRI of the cervical spine was performed March 19, 2014. The MRI report documented that multilevel spondyloarthropathy is seen with disc bulges and protrusions throughout the cervical spine where there is central spinal canal stenosis, neural foraminal narrowing and facet arthropathy. Osseous edema of the posterior elements and lateral masses is seen suspicious for contusion or non-

displaced fractures. Primary treating physician's progress report dated 03-19-2014 by [REDACTED] [REDACTED] documented neck and upper extremity complaint, positive foraminal compression test, tenderness, restricted range of motion, and requested orthopedic spine consult, 6 chiropractic visits, and 8 acupuncture visits. Utilization review decision date was 03-26-2014.

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

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

**Ortho Spine Consultation:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127.

**Decision rationale:** According to the California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints, referral for surgical consultation is indicated for patients who have evidence of significant spinovertebral pathology. ACOEM Chapter 7 Independent Medical Examiner states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. MRI of the cervical spine performed March 19, 2014 documented that multilevel spondyloarthropathy is seen with disc bulges and protrusions throughout the cervical spine where there is central spinal canal stenosis, neural foraminal narrowing and facet arthropathy. Osseous edema of the posterior elements and lateral masses is seen suspicious for contusion or non-displaced fractures. Significant spinovertebral pathology was demonstrated on the cervical spine MRI. Medical records document failure of conservative therapy and indicate that the patient's care would benefit from the expertise of an orthopedic spine specialist. Therefore, the request for the Ortho Spine Consultation is medically necessary.

**Chiropractic x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 181, Chronic Pain Treatment Guidelines Chiropractic treatment ;Manual therapy & manipulation Page(s): 30; Page 58-60.

**Decision rationale:** Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that the maximum duration of chiropractic treatment is 8 weeks. If

chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 6 visits should document objective improvement functional improvement. Manipulation is a passive treatment. Chiropractic treatment, manual therapy and manipulation are not recommended for carpal tunnel syndrome, forearm, wrist, and hand conditions. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that physical manipulation for neck pain is an optional physical treatment method, early in care only. Cervical manipulation has not yet been studied in workers' compensation populations. There is insufficient evidence to support manipulation of patients with cervical radiculopathy. The Agreed Medical Evaluation (AME) report February 18, 2014 documented that the patient reported very minimal relief from physical therapy modalities. Primary treating physician's progress reports 8/21/13, 8/28/13, 9/23/13, and 10/18/13 documented chiropractic evaluation and treatment. The patient was treated with medication, icing, as well as physical therapy modalities and acupuncture treatment. Unfortunately, this proved to be unbeneficial in providing any long-term relief. Medical records do not document functional improvement with previous chiropractic treatments. Medical records and MTUS guidelines do not support the medical necessity of additional chiropractic treatments. Therefore, the request for chiropractic X6 is not medically necessary.

**Acupuncture x 8:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Medical treatment utilization schedule (MTUS) Acupuncture Medical Treatment Guidelines recommends that the optimum duration for acupuncture is 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. MTUS defines functional improvement as either a clinically significant improvement in activities of daily living or a reduction in work restrictions, as measured during the history and physical exam, performed and documented as part of the evaluation and management visit. Agreed Medical Evaluation (AME) report February 18, 2014 documented that the patient reported very minimal relief from physical therapy modalities. The primary treating physician's progress reports on 8/12/13 and 8/21/13 document acupuncture treatments. The progress report 8/21/13 documented 8 acupuncture treatments. The patient was treated with medication, icing, as well as physical therapy modalities and acupuncture treatment. Unfortunately, this proved to be unbeneficial in providing any long-term relief. Medical records do not document functional improvement with previous acupuncture treatments. Medical records and MTUS guidelines do not support the medical necessity of additional acupuncture treatments. Therefore, the request for acupuncture x 8 is not medically necessary.