

Case Number:	CM14-0047730		
Date Assigned:	07/02/2014	Date of Injury:	07/19/2013
Decision Date:	08/25/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/14/2014

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 patient is a 49-year-old female who has submitted a claim for cervical spine radiculitis, lumbar spine radiculitis associated with an industrial injury date of July 19, 2013. Medical records from 2013-2014 were reviewed. The patient complained of neck and low back pain, rated 5-6/10. The neck pain radiates to the lower back. It was achy, stabbing, tight, electrical shocking, numbing, tingling, and throbbing. The low back pain radiates to the bilateral lower extremities. It was sharp, shooting, stabbing, tight, electrical shocking, numbing, tingling, and throbbing. Urinary incontinence was also present. Physical examination showed paravertebral tenderness and spasms on the cervical and lumbar spine. Upper trapezius tenderness and midline tenderness was noted. Decreased range of motion was present on the cervical and lumbar spine. Motor strength and sensation was intact. MRI of the cervical spine, undated, revealed small disc bulge at C5-C6 and C5-C6 radiculopathy. MRI of the lumbar spine dated October 30, 2013 showed 3mm disc bulge at L4-L5 and 2mm disc bulge at L3-L4. Nerve conduction study dated December 11, 2013 revealed presence of moderate right carpal tunnel syndrome. Treatment to date has included medications, physical therapy, interferential unit, home exercise program, and activity modification. Utilization review, dated April 1, 2014, denied the request for PT x 8 visits CS, LS because the patient has sufficiently attended the recommended physical therapy services and there was no discussion of how the additional treatment will differ and is expected to yield a different or better outcome. The request for acupuncture x 8 visits CS, LS; chiropractic therapy x 8 visits CS, LS; and Proove Biosciences Narcotic Risk laboratory test was denied as well. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 8 visits CS, LS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation Colorado, 2002; Airaksinen, 2006; Li, 2005; Fritz, 2007;.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page 98-99 Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Physical Therapy; Low Back, Physical Therapy.

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Official Disability Guidelines recommend 10 visits over 8 weeks for strains and sprains of the neck, intervertebral disc disorders without myelopathy and lumbar sprain/strain. In this case, the patient has persistent neck and low back pain. The rationale for the request was to improve range of motion and increase strength and flexibility of the cervical and lumbar spine musculoligamentous structure. Previous utilization review, dated April 8, 2014, stated that the patient underwent 32 physical therapy sessions. There was no documentation of the previous physical therapy visits and there was no description regarding objective benefits derived from these sessions or a treatment plan with defined functional gains and goals. Recent progress reports did not document any acute exacerbation or flare-up of symptoms. The patient is also expected to be well-versed in a self-directed home exercise program by now. Furthermore, the present request would exceed the number of physical therapy visits for the cervical and lumbar spine as recommended by the guidelines. Therefore, the request for Physical Therapy x 8 visits CS, LS is not medically necessary.

Acupuncture x 8 visits CS, LS: 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 California MTUS Acupuncture Medical Treatment Guidelines, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Additionally, acupuncture treatments may be

extended for a total of 24 visits if functional improvement is documented. In this case, the patient has persistent neck and lower back pain. However, there was no documentation regarding reduction or intolerance to pain medications, and an adjunct physical rehabilitation or surgical intervention to go with the acupuncture treatment. There is also no clear rationale for additional acupuncture sessions at this time. Furthermore, the present request would exceed the recommended acupuncture sessions. Therefore, the request for Acupuncture x 8 visits CS, LS is not medically necessary.

Chiro x 8 visits CS, LS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Manual therapy & manipulation, page 58 Page(s): 58.

Decision rationale: The California MTUS ACOEM Practice Guidelines 2nd Edition (2004) Chapter 8, page 173 states that using cervical manipulation may be an option for patients with neck pain or cervicogenic headache, but there is insufficient evidence to support manipulation of patients with cervical radiculopathy. In addition, page 58 of California MTUS Chronic Pain Medical Treatment Guidelines recommended manipulation therapy for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The recommended initial therapeutic care for low back is a trial of 6 visits over 2 weeks, with evidence of objective functional improvement. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Chiropractic care is not recommended for other body parts other than low back. In this case, the patient has persistent neck and lower back pain. Chiropractic treatment is not recommended for the cervical spine, particularly in patients with cervical radiculopathy. Furthermore, the present request for chiropractic care would exceed the guideline recommendation. Therefore, the request for Chiro x 8 visits CS, LS is not medically necessary.

Proove Bioscience Narcotic Risk lab test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation learn.genetics.utah.edu.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 42 Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Genetic testing for potential opioid abuse.

Decision rationale: Page 42 of the California MTUS Chronic Pain Medical Treatment Guidelines state that cytokine DNA testing is not recommended. There is no current evidence to support its use for the diagnosis of pain, including chronic pain. In addition, ODG states that

genetic testing for potential opioid abuse is not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. In this case, the rationale for the present request was to identify the genetic risk factors of narcotic abuse, tolerance, and dependence to improve the patient's outcome and contain or avoid costs from unnecessary high-dose narcotic usage. The current medications of the patient were not clear. There was no discussion concerning genetic predisposition towards addiction and opioid tolerance. Guidelines do not recommend genetic testing in general. The medical necessity has not been established. Therefore, the request for Proove Bioscience Narcotic Risk lab test is not medically necessary.