

Case Number:	CM14-0052347		
Date Assigned:	07/07/2014	Date of Injury:	06/09/1999
Decision Date:	08/27/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/21/2014

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 Therapy 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 a 52-year-old female who has submitted a claim for cervical degenerative disc disease with radiculopathy associated with an industrial injury date of 06/09/1999. Medical records from 2013 to 2014 were reviewed. Patient complained of cervical pain and bilateral shoulder pain radiating to the arms, associated with numbness and tingling sensation. Physical examination of the cervical spine showed tenderness and painful range of motion. The left shoulder had limited range of motion and tenderness over the AC joint with positive cross-arm testing. EMG/NCV from 08/08/2013 demonstrated right carpal tunnel syndrome and right C6 radiculopathy. MRI of the left shoulder from 01/18/2013 showed AC joint arthrosis. X-ray of the cervical spine from November 2012 showed discogenic disease at C4 through C6. Treatment to date has included physical therapy, acupuncture, and medications. Utilization review from 03/28/2014 denied the request for physical therapy to the cervical spine 2 times a week for 6 weeks, total of 12 sessions because it was unclear why patient cannot transition into a home exercise program; denied acupuncture therapy to the cervical spine 1 time a week for 6 weeks, total 6 sessions due to lack of information whether the request was for additional treatment sessions or for initial evaluation management visit; denied evaluate and treat with orthopedic surgeon for cervical spine because of no documented information for a referral; and denied durable medical equipment: TENS unit pad(s) because there were no short- and long-term goals presented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the cervical spine 2 times a week for 6 weeks, total of 12 sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. The guidelines recommend 8 to 10 therapy visits for neuralgia / neuritis / radiculitis. In this case, patient had already completed 12 sessions of physical therapy in 2013 and noted beneficial effects. However, there was no discussion as to why patient cannot transition into a self-directed home exercise program. The present request of additional 12 sessions exceeds guideline recommendation. There is no discussion concerning need for variance from the guidelines. Therefore, the request for physical therapy to the cervical spine 2 times a week for 6 weeks, total of 12 sessions is not medically necessary.

Acupressure therapy to the cervical spine 1 time a week for 6 weeks, total 6 sessions:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that 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 treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. It may be extended if functional improvement is documented. In this case, patient had received acupuncture treatment in the past; however, the exact number of visits was not documented in the medical records submitted. There was noted beneficial effect from acupuncture; however, there was no evidence of objective pain reduction, functional improvement or decreased medication-usage. The medical necessity cannot be established due to insufficient information. Therefore, the request for Acupressure therapy to the cervical spine 1 time a week for 6 weeks, total 6 sessions is not medically necessary

Referral to an orthopedic surgeon for evaluation and treatment of the cervical spine:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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, pages 127.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient complained of cervical pain radiating to both arms, associated with numbness and tingling sensation. Physical examination showed tenderness and painful range of motion. EMG/NCV from 08/08/2013 demonstrated right carpal tunnel syndrome and right C6 radiculopathy. X-ray of the cervical spine from November 2012 showed discogenic disease at C4 through C6. The treating provider cited that cervical spine was out of his scope of practice. Patient's symptoms persisted despite physical therapy and intake of medications. A referral to orthopedics is a reasonable option at this time. Therefore, the request for referral to an orthopedic surgeon for evaluation and treatment of the cervical spine is medically necessary.

Durable medical equipment: TENS unit pad(s): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS in Chronic Pain Page(s): 114, 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME).

Decision rationale: As stated on page 114 of CA MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. In addition, ODG states that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. In this case, patient noted relief of muscle tightness from TENS unit use. However, it was unclear if patient is actively participating in an exercise program - a required adjunct to the use of TENS. The medical necessity cannot be established due to insufficient information. The request likewise failed to specify the quantity of pads to be dispensed. Therefore, the request for Durable medical equipment: TENS unit pad(s) is not medically necessary.