MAXIMUS Federal Services

Case Number:	CM14-0054818		
Date Assigned:	07/07/2014	Date of Injury:	08/15/2007
Decision Date:	09/05/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/24/2014

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:

This is a 34-year-old male with an 8/15/07 date of injury, when he was involved in a work-related continuous trauma injuring his neck, shoulders, back, arms, elbows, wrists and hands. The progress note from the requesting physician dated 4/11/14 stated that" the patient has been on acupuncture and that we are not going to renew acupuncture". The patient was seen on 5/29/14 with complaints of 9/10 severe neck pain with right upper extremity radiculopathy and 9/10 low back pain with bilateral lower extremities radiculopathy. It was noted that the patient has been taking Hydrocodone and Zolpidem and was not attending any therapy. The physical examination of the cervical spine revealed mild bilateral torticollis, positive Spurling's maneuver, forward flexion 25 degrees, extension 20 degrees, tilt and rotation to the right 20 degrees and tilt and rotation to the left 25 degrees with significant increase in pain. The physical examination of the lumbar spine revealed tenderness in the paraspinous muscles and decreased range of motion. The patient was prescribed FluriFlex cream. The patient was seen on 6/20/14 with complaints of 8/10 ongoing burning pain in the neck and 6/10 burning pain in the upper extremities. He also complained of 6/10 pain in the head and 7/10 stabbing pain in the shoulders. Exam findings revealed mild torticollis to the left, positive head compression test and positive Spurling's maneuver on the left. The patient had pain on scapular retraction. The cervical spine range of motion was flexion 25 degrees, extension 20 degrees and lateral rotation 35 degrees bilaterally. It was noted that the patient was not attending any therapy and was currently working. The request for his anterior discectomy and fusion at C5-C6 and C6-C7 was denied. The diagnosis is cervical and lumbar strain/sprain, multilevel lumbar disc protrusions, C4-C5 disc herniation, bilateral shoulder impingement, bilateral upper extremity overuse tendinopathy and thoracalgia. Treatment to date: work restrictions, medications, Lidocaine injections and acupuncture. An adverse determination was received on 3/31/14. The request for acupuncture 2 times per week

for 4 weeks for cervical and lumbar spine was denied due to a lack of documentation of current physical therapy and a lack of documentation that the patient was not tolerating nor had a reduction in his pain medications. In addition, the acupuncture was not considered as an adjunct to a surgical condition. The request for home traction for cervical spine was denied due to a lack of documentation indicating detailed evidence that the patient tried and failed recent conservative non-operative treatments such as physical therapy or a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 For Cervical And Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 6 Pain, Suffering, and the Restoration of function, page 114.

Decision rationale: The CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be 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. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (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), for a total of 24 visits. The progress note dated 4/11/14 stated that the patient underwent acupuncture treatment. However, there is a lack of documentation indicating when and how many treatments he accomplished and if he received any functional objective gains from the treatment. In addition, it is not clear if his pain medication regimen was changed or reduced. Therefore, the request for acupuncture 2 times per week for 4 weeks for cervical and lumbar spine was not medically necessary.

Home Traction For Cervical Spine: 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), Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Complaints.

Decision rationale: The Official Disability Guidelines (ODG) recommends home cervical patient controlled traction for patients with radicular symptoms, in conjunction with a home exercise program. However, CA MTUS states that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. In addition, ODG does not recommend powered traction devices. Although the patient was noted to have radicular symptoms, there is a lack of documentation indicating that he was performing any kind of physical activity treatments, such as physical therapy or independent home exercise program. Therefore, the request for home traction for cervical spine was not medically necessary.