

<b>Case Number:</b>	CM14-0072062		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/27/2011
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 30-year-old female with date of injury of 10/27/2011. The listed diagnoses dated 04/21/2014 are: Cervical pain, Radiculopathy, HNP, Sprain, Lumbar pain, Sciatica, Status post lumbar hybrid arthroplasty from 11/07/2012, and Status post cervical artificial disk displacement from 07/27/2012. According to the progress report, the patient complains of back pain that radiates to the leg. She describes her pain as throbbing and sharp along her low back which she rates 7/10. The patient also notes numbness and tingling along her bilateral toes which she rates 5/10. She also complains of neck pain and shoulder pain that is throbbing and sharp along the posterior part of the neck. She also describes throbbing, sharp, burning, ache pain along her parascapular shoulders. She describes numbness and tingling sensation along her bilateral finger tips. There is decreased range of motion in the cervical spine. There is mild tenderness upon palpation in the lumbar spine. The lumbar spine range of motion is diminished. There is decreased sensation on her left leg in the L5 and S1 distribution. Otherwise, normal sensation along her left and right lower extremities. Gait is normal. The utilization review denied the request on 04/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy to cervical 2 x a week x 1 month:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines)-TWC Neck & Upper Back Procedure Summary last updated 04/14/2014 Physical Therapy Guidelines.

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

**Decision rationale:** This patient presents with neck and low back pain. The treater is requesting 8 physical therapy sessions for the cervical spine. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The records do not show any recent or prior physical therapy report to verify how many treatments the patient received and with what results. The utilization review denied the request stating a lack of information regarding the number of physical therapy sessions completed to date. The progress report dated 02/21/2014 notes that the patient continues to report throbbing, sharp pain along her posterior neck with sharp, burning ache along her parascapular shoulders. While the treater failed to document physical therapy history, the patient's date of injury is from 3 years ago and some therapy must have been received. Given the patient's report of throbbing, sharp pain with diminished range of motion, she can benefit from a short course of physical therapy. The requested 8 sessions are within MTUS Guidelines. Recommendation is for authorization.

**Chiropractic Therapy to cervical 2 x a week x 1 month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS under its chronic pain section has the following regarding manual therapy and treatments Page(s): 58, 59.

**Decision rationale:** This patient presents with neck and low back pain. The treater is requesting 8 chiropractic therapy sessions to the cervical spine. The MTUS Guidelines on manual therapy and treatments page 58 and 59 recommends this treatment for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. A trial of 6 visits over 2 weeks and with evidence of objective functional improvement up to 18 visits over 6 to 8 weeks is recommended. The records do not show that the patient has utilized chiropractic treatments in the past. In this case, while the patient can benefit from a trial of chiropractic treatment. The requested 8 sessions exceed MTUS recommended 6 visits over 2 weeks. Recommendation is for denial.

**Acupuncture to cervical 2 x a week x 1 month:** Upheld

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

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

**Decision rationale:** This patient presents with neck and low back pain. The treater is requesting 8 acupuncture treatments to the cervical spine. The MTUS Guidelines for acupuncture states that it is used as an option when pain medication is reduced or not tolerated. It may be use as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In addition, MTUS states that an initial trial of 3 to 6 visits is recommended and treatments may be extended if functional improvement is documented. The records do not show any recent acupuncture therapy reports to verify how many treatments the patient received and with what results. The progress report dated 11/27/2013 documents that the patient has been doing physical therapy and acupuncture and she patient reports relief from this modality. The succeeding report dated 02/26/0014 shows that the patient complained of increased neck pain. There is also no documented medication reduction or decreased pain levels. In this case, the documents do not show functional improvement while utilizing acupuncture. Recommendation is for denial.