

Case Number:	CM14-0073484		
Date Assigned:	07/16/2014	Date of Injury:	04/15/2009
Decision Date:	09/18/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/20/2014

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 a licensed Chiropractor and Acupuncturist 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 injured worker is a 51 year old male who reported neck, right shoulder, low back and hip pain from injury sustained on 04/15/09 due to cumulative trauma. MRI of the cervical spine revealed 7-8mm disc herniation at C6-7. MRI of the lumbar spine revealed multilevel disc desiccation and protrusion. Patient is diagnosed with cervical spine strain with large 7-8mm disc herniation at C6-7 and chronic lumbar spine sprain. Patient has been treated with anterior cervical corpectomy and fusion, medication, physical therapy. Per medical notes dated 03/04/14, patient complains of low back pain rated 3-6/10 with radicular complains in his bilateral lower extremity. Per medical notes dated 03/14/14, patient's condition has reached a clinical plateau, his condition is considered to have become permanent and stationary. Per medical notes dated 03/20/14 (per utilization review), patient is still having neck pain rated at 4-8/10. The pain is more in the middle, slightly to the right of the neck. Patient had physical therapy which was actually aggravating things too much. Provider is requesting initial trial of 12 acupuncture treatments and 12 chiropractic treatments for the neck which were modified to 6 by the utilization reviewer. Requested visits exceed the quantity of initial acupuncture and chiropractic visits supported by the cited guidelines. Thus far, treatment has consisted of 6 chiropractic visits and 6 acupuncture treatment visits to the cervical spine and pain medication. The applicant has received epidurals, anterior cervical corpectomy and fusion with discectomy and fusion in November 12 of 2012 and physical therapy. The medical records indicated that surgery helped to reduce his pain but still having neck symptoms that are radiating. Upper extremity EMG/NCV testing dated 8/23/12, revealed findings consistent with C5 and C6 radiculopathy. MRI of the cervical spine demonstrated bulging disc at right side of C3/4 and C5/6 with some

foraminal narrowing. There is severe foraminal stenosis at C3/4 and on the right side of C5/6. Medical records indicated in 2010, 2011 and 2012 the applicant was working modified duty and/or restrictions. The medical records indicated that on May 24, 2013 the applicant was involved in a motor vehicle accident. He was struck in the rear by another vehicle. A CT scan of the neck was performed and showed no change in the neck. Upon review of medical evaluation report dated 1/28/14 the applicant continued to present with constant midline and right paraspinaous and occasional left paraspinous discomfort of the cervical spine that is moderate to severe in nature with occasional numbness and tingling in the right ring and little finger. Range of motion is painful and restricted to the left. He is able to perform activities at shoulder level without pain. His neck pain can wake him up at night. Cervical spinal examination revealed discomfort with deep palpation about the paraspinous region on the right without spasm; cervical ranges of motion were indicated as being decreased in all planes of motion. There was no upper extremity muscle weakness, sensory evaluation was slightly decreased of the right hand, reflexes were intact and no evidence of hypothenar or intrinsic atrophy. A cervical diagnosis was given as: cervical spine strain with large 7-8mm C6/7, 2-3mm and C5/6 disc herniations with right upper extremity radiculopathy 4/15/09, industrial. He is temporarily totally disabled. Upon review of an analysis of additional medical records final report dated 3/14/14, the applicants cervical spine impairment falls into DRE cervical category IV for alteration in motion segment integrity secondary to successful or unsuccessful attempt at surgical arthrodesis 28% whole person impairment. It was noted that the applicant was not capable of performing his usual and customary work duties. Medical records indicated his last date worked was on 1/5/14. Upon review of a medical re-evaluation examination report dated 4/15/14 the applicant is not capable of performing his usual and customary work duties. In a utilization review dated 4/22/14 the reviewer determined that acupuncture treatment to the cervical spine two times per week for six weeks was partially certified to six visits and chiropractic treatment to the cervical spine two times per week for six weeks was partially certified for six visits (2x per week for 3 weeks). The reviewer based the decision on the ODG-TWC, Chronic Pain Medical Treatment Guidelines. The guidelines recommend a trial of 6 visits over 2-3 weeks for a cervical sprain/strain, with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks. Following cervical surgery the applicant received a course of physical therapy which had aggravated the condition. A short course of chiropractic treatment ex for 3 weeks is reasonable to address ongoing pain. With regards to acupuncture treatment to the cervical spine the reviewer determined based upon the CA MTUS acupuncture guidelines, treatment two times per week for 3 weeks was reasonable for ongoing complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Chiropractic treatment 2 times per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines: Chiropractic Guidelines -Regional Neck Pain- Cervical Strain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Per MTUS- Chronic Pain Medical Treatment Guideline - Manual Therapy and Manipulation pages 58-59, "Recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities". Therapeutic care- trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Treatment parameters from the stated guidelines are, A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. Provider is requesting initial trial of 12 Chiropractic treatments. Requested visits exceed the quantity of initial chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 12 chiropractic visits are not medically necessary.

Cervical Acupuncture 2 times per week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back Acupuncture.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1- 3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has not had prior Acupuncture treatment. Primary physician requested initial trial of 12 acupuncture treatments which were modified to 6 by the utilization reviewer. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Furthermore official disability guidelines do not recommend acupuncture for neck pain. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.

